

WA DOC PHARMACEUTICAL MANAGEMENT

Approved by:
The DOC Chief Medical Officer
Washington State Department of Corrections



Note: Appendices II – Formulary Drug Listings and Appendices IV – Alternate Choices for Non-formulary Medications may be updated frequently as clinical data or contract prices change.

DOC Formulary

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Definitions

Definitions

Authenticated or Authentication: Authorization of a written entry in a clinical or health record or chart by means of a signature, which shall include minimally: first initial, last name, professional/working title, date and time (24 hour clock). If a unique DOC provider number is assigned, signature and professional/working title may be replaced by the assigned number. If authentication is provided electronically as part of an electronic health record, the electronic signature is adequate provided it can be generated only by use of a password encrypted user identity.

Controlled Substance: A drug or substance (or an immediate precursor of a drug or substance) so designed under or pursuant to the provisions of Chapter 67.50 RCW, Uniform Controlled Substance Act.

Care Review Committee ("CRC"): Group of DOC primary care physicians, PAs, and ARNPs, appointed by the Chief Medical Officer to review the medical necessity of proposed health care within a cluster of DOC facilities

Dispense: The interpretation of a prescription or order for a drug. Pursuant to that prescription or order, the proper selection, measuring, compounding, labeling or packaging necessary to prepare that prescription by a person licensed to prescribe or dispense.

Facility: A total confinement site operated by the Department of Corrections where offenders reside.

Health Care Staff: Health care providers and professional licensed or unlicensed staff, appointed by the health care authority, contracted or assigned to the health care area to provide or assist with the provision of health care.

Health Record: A permanent record of the health care and treatment rendered to the patient from time of inception into the Department of Corrections until release.

Infirmmary: Areas in the facility accommodating patients for a period of twenty-four hours or more expressly set up and operated to care for patients who cannot be managed in the outpatient setting and need skilled nursing care but are not in need of hospitalization or placement in a licensed nursing facility. It is not the area itself, but the scope of care that makes the bed an infirmmary bed.

Continued on next page

Definitions, Continued

Definitions (continued)

Issuable: Specified medications that a patient is authorized to have in their possession.

Medication Error: Any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional, patient or consumer. Such events may be related to professional practice, health care products, procedures and systems including prescribing; order communication; product labeling; packaging and nomenclature; compounding; dispensing; distribution; administration; education; monitoring and use.

Medline: A regularly scheduled nursing activity where medications are administered on an individual basis to patients

Near Miss: A potential medication error that was recognized and corrected before it could cause or lead to inappropriate medication use or patient harm.

“Now” Order: A prescription order to be administered in 1-2 hours.

Order: A written or verbal health-related directive from an authorized health care practitioner to an authorized health care staff member.

Patient: DOC offender receiving health care from DOC or its agents

Pharmacy: Locations licensed by the state of Washington Board of Pharmacy where the practice of pharmacy is allowed as defined in statute.

Practitioner (Prescriber): A person duly authorized by law or rule in the state of Washington (or another state, when patients are cared for in that state) to prescribe drugs. (RCW 18.64.011). This generally will include physicians, PAs, dentists, ARNPs, optometrists, podiatrists, and in certain cases, pharmacists.

Provider: A person who is licensed, certified, registered or otherwise authorized by the law of this state to provide health care in the ordinary course of business or practice of a profession (WAC 246-15-010)

“Start Today” Order: A prescription order to be administered by the end of the day.

“STAT” Order: A prescription order to be administered immediately.

Section I

Purpose

The Pharmacy and Therapeutics Committee is a committee of health care practitioners and pharmacists established to manage medication utilization within the Department of Corrections (DOC) in accordance with the Offender Health Plan (OHP). To achieve this goal, all aspects of medication utilization may be scrutinized including, but not limited to:

- Development and maintenance of a formulary
- Development and review of treatment guidelines, protocols, forms, and algorithms prior to implementation to assure consistency with the DOC Formulary document
- Physical management of pharmaceuticals
- Inventory standardization through formulary compliance
- Therapeutic Interchange when possible
- System wide prescription validity and transportability of medication
- Standardization of medline and issuable medications
- Selection, utilization and availability of OTC medications

The guiding principle in decision making will be to enhance patient care and ensure the safety of those receiving drug treatments. The best available evidence based scientific data will be incorporated in the decision process to maintain clinical relevance.

Where other reputable bodies (for example Washington State P&T Committee) have evaluated data and made recommendations, these recommendations will be considered for incorporation in the DOC P&T guidelines.

Practitioners and nurses provide most patient care at the unit level. Pharmacists and pharmacy technicians assist in this care by assuring efficient use of pharmaceuticals. The overall goal of the Pharmacy and Therapeutics (P&T) Committee is to assist practitioners in providing comprehensive, quality, timely and cost effective care to patients by clearly communicating scientifically sound medication practices and creating the infrastructure necessary to implement these practices system wide.

DOC Formulary document is available on the Health Services website, DOC Internet, and may be available in facilities' libraries.

Section II

Promulgation of Policy

As described elsewhere in this document, the P&T Committee may develop recommendations on a variety of pharmaceutical related issues including changes to this document, procedures, forms, operations, policy, legislation et al. The P&T Committee will seek input from all DOC stakeholders then draft recommendations that will subsequently be forwarded to the DOC Medical Director for final approval. Healthcare providers are expected to comply with the formulary and earnestly consider treatment guidelines when treatment decisions are made. The DOC Medical Director or designee may grant exceptions to these procedures.

Section III

Voting Members

The committee shall consist of an interdisciplinary team of health-care professionals, that will include (but not limited to) the DOC Director of Pharmacy (Chair), physicians, dentists, pharmacists, physician assistants and advanced registered nurse practitioners.

The P&T chairperson and/or DOC medical director will appoint all members to a renewable two-year term. The committee may solicit new members each year. Staff may volunteer for committee duty but must accept an appointment if so assigned. The committee chairperson may revoke membership status if a member misses 1 in person or 2 teleconference meetings with in a year without a justifiable excuse or a request to be excused.

Members must be actively involved in patient care and should be familiar with the OHP, DOC Policy and DOH Standards.

Disclosure of potential conflicts of interest (for example, employment by a pharmaceutical industry company, participating as an investigator in a drug trial study or holding financial interest greater than \$10,000 in a company that produces or distributes a medication or device under consideration) is an ongoing mandatory requirement.

Members must comply with relevant Washington State law, WAC's, DOC Policy and Procedures regarding the receipt of any gratuity from an outside organization during their tenure on the committee. Specifically, members may not accept any meals, office supplies or other gifts regardless of value from any representative of a company that manufactures or distributes a medication or device.

Section IV

Consultants/ Guests

At the discretion of the chairperson, DOC and non-DOC persons with appropriate expertise may be asked to attend P&T Committee meetings and/or provide input to the committee. Unless determined by the chairman to be a closed or confidential meeting, any DOC staff member is welcome to attend P&T Committee Meetings.

Section V

Meeting Operations

The P&T Committee shall meet in person quarterly. If there is a need for the committee to meet more often it will be arranged through teleconference and WebEx.

To transact business, a quorum of more than half the members (including the Chairman/designee) must be present. Should a quorum not be present, the only committee business that may be transacted is to take measures to obtain a quorum, to fix the time at which to adjourn, to adjourn or take a recess. If the meeting cannot take place because of a lack of quorum, the Chairman will reschedule the meeting as soon as is mutually agreeable to the members. The minutes of each meeting shall be read and approved only by Members in attendance at that meeting.

Questions placed before the committee for decision will be decided by simple majority vote with the exception of changes to this document, which require two thirds of the votes cast for approval. Should any motion result in a tie vote, the chairman shall cast the deciding vote.

Meetings will be held in person or by teleconference. E-mail meetings are not permitted.

Section VI – Medication Categories

Formulary	Medications in this category are described as medically necessary and require no further approval for use provided the criteria listed in the formulary are met.
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Restricted Formulary	Medications in this category are described as medically necessary but restricted to documented failure of a Formulary medication(s) or to certain populations or disease states. Refer to the medication formulary status for specific criteria necessary for approval.
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Procedure:

- If used according to the criteria (listed under Special Information) in the Formulary, prescribers can order Restricted Formulary medications without further approval
- Other uses require the failure of a first line agent(s) and the approval of the local Medical Director and Pharmacist Supervisor or DOC Pharmacy/Medical director.
- A Non-formulary (DOC Form 13-041) request must be submitted if a Restricted Formulary is prescribed and the patient's condition does not meet the approved for Restricted Formulary medications criteria as stated in Pharmaceutical Management document.
- Documentation on a Primary Encounter Report (PER) or Inpatient Order form by the prescriber should reflect the reasoning behind the choice of the Restricted Formulary medication.
- Pharmacist dispensing the prescription order will be responsible for transferring the reasoning behind the choice to the patient medication profile. The Pharmacist Supervisors will submit quarterly the record to the P&T Committee for retrospective review and CQI purpose.

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Section VI – Medication Categories, Continued

- Non Formulary** Medications in this category are not generally prescribed in DOC. They are not medically necessary usually for one of the following reasons:
- Experimental medications or experimental use of medication (unless approved by the DOC Research Committee)
 - Medications for which alternative therapeutic modalities may already exist on the P&T approved formulary list
 - Medications for which alternative therapeutic modalities may already exist on the P&T approved over-the-counter (OTC) store list
 - Medications with the sole purpose of treating conditions recognized in the OHP as not medically necessary
 - Brand name medication when a generic product is available within the therapeutic class

Procedure: Prior approval for use of a Non-Formulary medication is required with the following two exceptions:

Upon admission of a patient to a DOC facility from outside DOC, a Non-Formulary medication may be continued up to 30 days for medical and 60 days for mental health without authorization if:

- A) the patient arrived on this medication,
and
- B) Immediate discontinuation of the medication may be dangerous. The practitioners may use this window to wean, replace or submit a Non-Formulary (NFR) request form for prior approval.

Cross tapering of MH agents for initiation or cessation of therapy is limited to one month.

When an anti-microbial agent is medically necessary in the absence of culture and sensitivity (C&S), a formulary anti-microbial agent should be initiated for empiric treatment. If C&S is required and results indicate the necessity for Non-Formulary agents (i.e. the organism is resistant to all formulary agents), such agent may be prescribed after discussion with a pharmacist to select a most cost-effective agent. The practitioner and pharmacist will document such authorization in the medical record and pharmacy record, respectively.

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Section VI – Medication Categories, Continued

Authorization of Non Formulary

Initiation of Linezolid or a new HIV medication therapy, at DOC, is considered Restricted Formulary and requires approval by the DOC infection diseases specialist, Statewide Chief Medical Officer of Health Services, or Pharmacy Director. All newly admitted patients on an antiviral medication will remain on current medications until evaluated by the DOC infection disease specialist or designee.

When a vaccination is medically necessary, please refer to policy 670.000.

- Meningococcal, Herpes Zoster, and HPV vaccines require CRC approval.

To obtain prior approval for use of a Non-Formulary medication, the practitioner shall electronically submit DOC form 13-091 to the appropriate venue for consideration. The duration of Non-Formulary prescriptions will be determined on a case by case basis as an integral part of the approval process

Chief Medical Officer and Director of Pharmacy will select authorized pharmacists to respond to Non-Formulary requests (NFRs). They may assign the designated pharmacist to particular facilities but may cover NFRs from other facilities when necessary

If a practitioner wishes to appeal a Non-Formulary decision, s/he must email their denied submission document to the State Director of Pharmacy accompanied by a short explanation of the reason for the appeal. The subject line of the email should read “NFR Appeal. ‘Within five business days, the Pharmacy Director (or designee) will convene a telephonic subcommittee meeting with the State Medical and Pharmacy Directors, (and a psychiatrist if a mental health drug is involved), the practitioner who submitted the NFR and the pharmacist who denied the original request. The committee will review documentation relative to the issue, entertain pertinent discussion then deny or approve the appeal. The decision will be documented on DOC 13-091 and reviewed by the P&T Committee as a part of their routine review of Non-Formulary requests

Alternately, patients may obtain Non-Formulary medications by complying with the provisions of DOC Policy 600.020 (Offender Paid Health Care).

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Section VI – Medication Categories, Continued

Off Label Uses Off label means the prescribed use of a medication, for the purpose other than stated in its FDA approved labeling. Off label drug use is permitted (with the exception for atypical antipsychotic agents) if the treatment is recognized as effective by one of the following:

- The American Hospital Formulary Service Drug Information
- The American Medical Association Drug Evaluation
- Clinical Pharmacology (<http://cpip.gsm.com>)
- The United State Pharmacopoeia Drug Information
- Other authorized compendia as identified from time to time by the Federal Secretary of Health and Human Services or the State Insurance Commissioner
- Any CRC on a case by case basis.

Emergency Use Notwithstanding any of the above utilization guidelines, in emergency, practitioners may prescribe Restricted Formulary or III medications, which the practitioner judges to be medically necessary in a particular circumstance.

Emergency means that a significant risk to patient safety is present and time does not permit utilization of the authorization procedures described herein.

The duration of emergency use should be no longer than necessary to gain approval through one of the processes described elsewhere in this document.

OTC Medications

All previous formulary OTC medications that are listed in the OTC policy and are now available in the store will be moved to Restricted Formulary status effective June 15th 2009. They can be ordered only if medically necessary AND approved by the facility medical director OR pharmacy supervisor. Pharmacy will continue refilling previously ordered OTC items that are active and refillable for one month between June 15th and July 15th 2009 to help with the transition process

Pharmacy in collaboration with FMDs will develop a standard set of criteria for approved “medical necessity” uses of OTC medication and available on DOC–HS website

Section VII

Generic Substitution

Pharmacy will routinely dispense FDA approved AB rated generic medications or therapeutically equivalent products.

If a branded medication is prescribed, listed in the formulary and the generic equivalent is available in the market, then the generic medication shall be dispensed. That is, pharmacy shall dispense branded medications only when the brand medication exists on the formulary and there is no generic equivalent available in the market.

Substitution may be made without notification to the prescriber.

Section VIII

Therapeutic Interchange

Therapeutic Interchange is the selection of a chemically different drug that is considered a therapeutic alternative with a comparable therapeutic effect. Pharmacists will make routine therapeutic Interchange when approved by the P&T Committee.

If a prescriber does not wish to allow an automatic Interchange to occur with the prescription order, the prescriber must add “Do Not Sub” at the end of the sig. Such request may require submitting a Non-Formulary request (NFR).

The pharmacist will document the Interchange on a PER or Inpatient Order form stating:

- Therapeutic Interchange per formulary
- Discontinue (drug, dose, schedule, duration)
- Start (drug, dose, schedule, duration)
- Pharmacist signature and title and
- Prescriber name and title

The original and the third copies of the form will be sent with the medication to the nursing station. The original copy will be placed into the permanent patient record. The second copy will be retained by pharmacy. The third copy will be forwarded to the prescriber. The nurse will notify the patient of the change when the medication is given to the patient.

Section IX

Medication Sources

Unless noted on prescription, DOC pharmacists have discretion to split or double pills as needed, based on cost savings.

All medication used in DOC facilities will be procured via department contracts and dispensed by a department pharmacy except:

- Medication provided by community hospitals, clinics, emergency rooms may be utilized if a valid order for their use is obtained
 - Medication obtained through provisions of the Offender Paid Health Care Policy. (Such medication will be verified by a DOC pharmacy for security purposes prior to distribution to the patient)
 - Medication obtained through a DOC store
 - Medication obtained through a local pharmacy
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Section X

Pharmaceutical Representatives

Pharmaceutical representatives are not authorized to visit individual providers or provide sample medication to practitioners. They may provide samples to the Pharmacy Director for distribution.

Educational programs sponsored by pharmaceutical companies may be permitted on a case by case basis with the express approval of the State Medical Director/designee

Section XI

Formulary Addition Requests

A completed "Addition to Formulary" request (DOC 14-004); along with relevant research documentation shall be submitted to the P&T Committee to request that a drug be added to the formulary. The requestor may be asked to attend the P&T meeting during discussion of the request. The P&T decision will be communicated to the requestor and the formulary updated as appropriate.

Section XII

Refusal to Fill or discontinue an order

DOC Pharmacists may refuse to fill or discontinue an order only if and when:

- a) An order may cause physical harm.
- b) An order does not meet DOC formulary criteria and/or does not have a Non-Formulary approval.
- c) An order contains a significant therapeutic duplication or drug interaction
- d) Other specific situations must be discussed and approved with P&T Committee or Chief Medical Officer/designee.
- e) In the event of shortage or extreme price fluctuation the Director of Pharmacy, in consultation with the CMO, has the authority to suspend formulary status with suggestion of alternative clinical management until the P&T committee can formally address the issue. The Director of Pharmacy will notify HS staff via email of the interim change of formulary status.

In all situations, the pharmacist must notify the prescriber (or the facility medical director in the event the prescriber is not available) with the reason and /or alternative if applicable. The pharmacist must also communicate the final decision to nursing staff to ensure that the MAR is updated.

In the event of a disagreement, the case must be presented to the facility medical director, Director of Health Services or designee.

Section XIII

Prescription renewal and refill

A licensed prescriber must renew a prescription before the prescription term has expired to ensure an uninterrupted supply for the patient.

Psychotropic medication prescriptions are limited to a maximum duration of six months and will be dispensed in up to a one-month supply. All other medications are limited to a 12- month maximum duration and will be dispensed in up to a one-month supply.

Refill requests are the patient's responsibility. S/he must notify pharmacy by available means between five and seven working days before the medication is required. Extended Family Visit (EFV) and release medication must be ordered 10 working days in advance.

Section XIV

Telephone and Verbal orders

Only a licensed nurse (LPN or RN) or pharmacist shall accept verbal orders for drugs. The order shall be immediately recorded on a PER or Inpatient Order form and signed by the person receiving the order. A verbal order or telephone order must be authenticated within 2 business days. If the original prescriber is unavailable, the FMD/designee should authenticate the order. The authentication signature may be submitted in the form of a scanned signed prescription via email or fax if the prescriber or FMD/designee are not present at the site. Like written orders, all verbal orders must include diagnosis/indication.

Due to risk of medication errors associated with communication of verbal and telephone orders, the receiver will read back the order as written on the order sheet to the prescriber and spell medication names before instituting that order. The receiver of an order must clarify any questions about the order with the prescriber (or on call prescriber) prior to administration.

Section XV

Written Prescription Guidelines

- All medication must be prescribed by a licensed practitioner and will be dispensed as detailed in the facility Pharmacy Operations Manual
- Only DOC prescribers with active DEA registrations shall have authorization to write prescriptions for controlled substances. DOC pharmacist shall not dispense controlled substances pursuant to an order written by a DOC prescriber without an active DEA registration.
- If the prescriber does not specify one of these terms on the prescription order:
 - a) STAT – immediately or
 - b) Now – within 1-2 hours or
 - c) Start today – by the end of the day

The medication start date of administration will default to when it is available from pharmacy (within 2 business days).

- All medication orders must be written on a PER or Inpatient Order sheet then filed as a permanent part of the medical record
- Orders will be written legibly in black or blue ink
- Orders will be forwarded directly to the pharmacy. Any questions arising from an order will be referred to a practitioner, preferably the ordering prescriber

Each order shall include:

- Patient name, DOC number and facility
- Date and time written
- Allergy status
- Diagnosis/Purpose/Indication
- Name and strength of medication
- Route of administration
- Frequency of administration
- Duration of order
- Refills allowed
- Signature plus stamp or printed name of licensed prescriber
- Should comply with suggestions in Appendix I: "Commonly Mistaken Prescription Abbreviations."

Section XVI

Issuable and medline medications

As of July 1, 2009 there will be an automatic switch from PLN to KOP of any meds at minor facilities without PLNs. The automatic switch does not apply to scheduled II-V controlled substances and other drugs treated as such (i.e. sildenafil) and patients with the PULHES codes of U3 and U4.

Pharmacy and nursing shall treat sildenafil as a controlled substance. The prescriber will not be able to change this medication from pill line status. The nurse must enter the medication on their perpetual inventory, double count the med at shift change, and store the prescription in a locked narcotic cabinet within the pill room. Pharmacy stores sildenafil with other controlled substances and track it using the perpetual inventory.

DOC administers medications at a medline for the following reasons:

- Prevent diversion of drugs with a high potential for abuse or illicit sale (for example narcotics)
- Ensure adherence to regimens that treat disease states affecting public health (for example tuberculosis)
- Ensure adherence to regimens that are complex and for which non-compliance complicates subsequent treatment (for example HIV)
- Monitor medications that are costly
- Prevent unintentional under and over usage in patients who lack competency to manage their own medications
- Prevent self harm in patients at risk for intentional self harm

Forced or involuntary medication programs require CRC approval for more details please refer to DOC Policy 630.540.

In all other situations, patients are considered competent adults who have the right and responsibility to manage their own medications. Medline should not be used on a routine basis to monitor or enforce compliance. Compliance with medication regimens is an important component of self-care and a necessary skill for reintegration into the community.

Continued on next page

Section XV, Continued

Issuable and medline medications (continued)

Accordingly, the P&T Committee has classified all medications in the formulary as issuable or non-issuable. A specific order that adheres to the guidelines above is required to deviate from the formulary. The order must indicate the time period for which the deviation is in effect. When it is necessary to monitor compliance, medline may be utilized for the minimum duration necessary.

All medication status (KOP or PLN) of a medication order will continue when the patient transfers to a major facility. The change of status (KOP or PLN) of medications will no longer default to the DOC formulary standard unless a prescriber at the new facility writes a note on the PER.

This rule does not apply to renewal orders. All renewal orders require a notation on the prescription order if a prescriber does not wish the prescription order to default to the status of the medication administration as stated in DOC formulary.

Pharmacists must contact the prescriber for clarification on a renewal of an order if the status has previously been changed but not noted on the renewal order to either continue or default to DOC formulary administration status

With the implementation of BID PLN by June 1st 2009, pharmacists and prescribers shall work together to seek alternative medication therapies to minimize the number of noon PLN meds. Exceptions for using noon PLN shall include work schedule, documented side effects, short acting opiates, muscle relaxants and insulin.

Continued on next page

Section XV, Continued

Issuable and medline medications (continued)

Additional PLN may be arranged for the following categories if the prescription order has more frequency than BID with a non-issuable alternative:

- Controlled substances (no exceptions)
 - Injectable meds including Insulin (possible exception in some minor facility under custody direct supervision)
 - Muscle relaxants (up to 14 days unless if it's approved otherwise to continue for more than 14 days). This category status may be overridden to be issued.
 - Any PLN psychotropic meds for the treatment of acute psychotic disorder
 - Antimicrobial agents including HIV meds if they are prescribed as PLN
 - For those who are working during normal pill line times
 - Other exceptions require facility medical director OR pharmacist supervisor's approval.
-

Section XVII

Floor stock medication

At each facility, the local medical director, in consultation with the pharmacist in charge, shall determine the medications required as floor stock items. The pharmacist will forward the list to P&T for informational purposes.

Section XVIII

Crushing of medications

The following dosage forms must NOT be crushed:

- Extended or controlled release
- Sublingual or lozenges
- Granules within a capsule or tablet

Specific prescriber order is required to crush any other medication.

Section XIX

Labeling

Every box, bottle, jar, tube, bubble card or other prescription container that is dispensed from a DOC pharmacy shall have affixed a label bearing:

- Patient name
 - DOC number
 - Name and address of pharmacy where compounded
 - Serial number of prescription
 - Strength per unit dose
 - Directions for administration
 - Date dispensed
 - Expiration date
 - Initials of licensed pharmacist responsible for the final check of the prescription. Alternately, this information may be recorded in the pharmacy data base
 - The following statement: "Warning: State or federal law prohibits transfer of this drug to any person other than the person for whom it was prescribed".
-

Section XX

Adverse Events Health care staff must be alert to the potential for or presence of adverse events associated with the use of a medical product on a patient. All significant adverse events shall be recorded in the patient's health record on a PER or inpatient order form with a copy forwarded by the author to the facility medical director, the prescribing practitioner and the pharmacy supervisor. The pharmacy will include the information in the computerized patient medication record.

If death, life threatening consequences, hospitalization, disability or any event that requires intervention to prevent permanent impairment or damage is present, the pharmacist supervisor shall complete FDA form 3500 and send copies to those mentioned above and the DOC Pharmacy Director.

Section XXI

Medication Errors

All medication errors shall, upon discovery:

- be immediately reported verbally to the prescribing practitioner
- be recorded on DOC 20-289 (Medication Incident Report)

Near misses shall also be reported on DOC 20-289.

Section XXII

Transfer and release medications

Refer to DOC Policy 650.035.

The medication status (KOP or PLN) of a medication order will continue when the patient transfers from a major facility to another major facility.

As of July 1, 2009, there will be an automatic switch from PLN to KOP of any meds at minor facilities without PLNs. The automatic switch does not apply to scheduled II-V controlled substances and patients with the PULHES codes of U3 and U4.

Psychiatric medications for patients with S3 will be changed to KOP ONLY if the intention to do that is properly documented on the Camp/Work Release Mental Health Screening form for S3 and documented on a PER.

Upon release to the community, all CRC approvals for chronic opioid treatment shall expire. If re-incarcerated and opioid treatment is necessary then the opioid protocol shall start from step one of the protocol.

Upon release to the community, all NFR approvals will expire. If re-incarcerated the provider must submit a new NFR for approval to continue any Non-formulary medication.

If a patient returns to prison status from a work release or after a transfer to a county jail for court, all CRC approvals for chronic opioid treatment and NF approvals remain in effect.

Section XXIII

Drug recalls

Notices of drug recalls received by pharmacy will be reviewed and immediately forwarded to the local medical director and prescribing practitioners. The practitioner will prescribe an appropriate alternate medication. Nursing staff will be responsible to expeditiously remove the indicated medication from the clinic area and arrange for the medication to be removed from patient access. The medication will then be returned to pharmacy.

Specific guidelines for each type of recall appear below:

Class I Recall: Emergency and life threatening.

- Will be completed within 24 hours
- Pharmacy will prepare computer generated audit trail
- Pharmacy and/or Nursing personnel will remove recall drug(s) from patient possession, noting patient name, ID number, and quantity removed
- Recall drug(s) are returned to pharmacy along with documentation
- Recall drug(s) are removed from nursing unit floor stock and pharmacy shelves
- Pharmacy disposes of recall drug(s) in accordance with the written instructions from the manufacturer responsible for coordinating the recall
- The responsible pharmacist maintains records of all recalls in the pharmacy

Class II Recall: Priority situation may be life threatening.

- Complete within 72 hours
- Follow instructions in Class I recall

Class III Recall: Remote or nonexistent threat to life.

- Completed within 5 working days
 - Removal of recall drug by pharmacy and/or nursing from patient possession and all pharmacy/nursing drug storage areas
 - Follow disposal instructions as outlined in Class I Recall
-

Appendices

Overview

Introduction This section includes the appendices pertinent to this document.

Contents This section contains the following topics:

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A – Commonly Mistaken Abbreviations

Mistaken Abbreviations

The table below covers the common abbreviation mistakes.

Abbreviation and Dose Expression	Intended Meaning	Misinterpretation	Correction Use:
Apothecary symbols	Dram Minim	Misunderstood or misread (symbol for dram misread for "3" and minim misread as "ml")	metric system
AU	Aurio Uterque (each ear)	Mistaken for OU (oculo uterque-each eye)	Don't use this abbreviation
D/C	Discharge Discontinue	Premature discontinuation of medications when D/C (intended to mean "discharge") has been misinterpreted as "discontinued" when followed by a list of drugs	"discharge" and "discontinue"
Mg	Microgram	Mistaken for "mg" when handwritten	"mcg."
o.d. or OD	Once daily	Misinterpreted as "right eye" (OD-oculus dexter) and administration of oral medications in the eye.	"daily."
TIW or tiw	Three times a week	Mistaken as "three times a day"	Don't use this abbreviation
q.d. or QD	Every day	Mistaken as q.i.d. especially if the period after the "q" or the tail of the "q" is misunderstood as an "i."	"daily" or "every day"
Qn	Nightly or at bedtime	Misinterpreted as "q h" (every hour)	"nightly"
Qhs	Nightly at bedtime	Misread as every hour	"nightly"
q6PM, etc	Every evening at 6 PM	Misread as every six hours.	6 PM "nightly"
q.o.d. or QOD	Every other day	Misinterpreted as "q.d." (daily) or "q.i.d. (four times daily) if the "o: is poorly written	"every other day"
Sub q	Subcutaneous	The "q" has been mistaken for "every" (e.g., one heparin dose ordered "sub q 2 hours before surgery" misunderstood as every 2 hours before surgery)	Subcut" or write "subcutaneous."
SC	Subcutaneous	Mistaken for SL (sublingual)	"Subcut" or write "subcutaneous."
U or u	Unit	Read as a zero (0) or a four (4), causing a 10 fold overdose or greater (4U seen as "40" or 4u seen as 44")	"Unit" has no acceptable abbreviation. Use "unit"
IU	International unit	Misread as IV (intravenous)	"units"
Cc	Cubic centimeters	Misread as "U" (units)	"ml"
X3d	For three days	Mistaken for "three doses"	"for three days"
BT	Bedtime	Mistaken as "BID" (twice daily)	"hs"

Continued on next page

A – Commonly Mistaken Abbreviations, Continued

Mistaken Abbreviations (continued)

Abbreviation and Dose Expression	Intended Meaning	Misinterpretation	Correction Use:
Ss	Sliding scale (insulin) or ½ (apothecary)	Mistaken for "55"	Spell out "sliding scale" Use "one-half" or use "1/2"
> and <	Greater than and less than	Mistakenly used opposite of intended	"greater than" or "less than"
/ (slash mark)	Separates two doses or indicates "per"	Misunderstood as the number 1 ("25 unit/10 units" read as "110" units)	Do not use a slash mark to separate doses. Use "per"
Names letters and dose numbers run together (e.g. Inderal40mg)	Inderal 40 mg	Misread as Inderal 140 mg	Always space between drug name, dose and unit of measure.
Zero after decimal point (1.0)	1mg	Misread as 10 mg if the decimal point is not seen	Do not use terminal zeros for doses expressed in whole numbers
No zero before decimal dose (.5 mg)	0.5 mg	Misread as 5 mg	Always use zero before a decimal when the dose is less than a whole unit.
ARA-A	Vidarabine	Cytarabine (ARA-C)	complete spelling for drug names
AZT	Zidovudine (Retrovir)	Azathioprine	complete spelling for drug names
CPZ	Prochlorperazine(Co mpazine)	Chlorpromazine	complete spelling for drug names
DPT	Demerol Phenergan Thorazine	Diphtheria-pertussis-tetanus	complete spelling for drug names.
HCl	Hydrochloric acid	Potassium chloride (The "H" is misinterpreted as "K." i.e. HCl vs. KCl)	complete spelling for drug names.
HCT	Hydrocortisone	Hydrochlorothiazide	complete spelling for drug names
HCTZ	Hydrochlorothiazide	Hydrocortisone (seen as HCT 250 mg)	complete spelling for drug names.
MgSO4	Magnesium sulfate	Morphine sulfate	complete spelling for drug names

Continued on next page

A – Commonly Mistaken Abbreviations, Continued

Mistaken Abbreviations (continued)

Abbreviation and Dose Expression	Intended Meaning	Misinterpretation	Correction Use:
MS04	Morphine sulfate	Magnesium sulfate	complete spelling for drug names
MTX	Methotrexate	Mitoxantrone	complete spelling for drug names
TAC	Triamcinolone	Tetracaine, adrenaline, Cocaine	complete spelling for drug names
ZnS04	Zinc sulfate	Morphine sulfate	complete spelling for drug names
Stemmed names "Nitro" drip "Norflox"	Nitroglycerin infusion Norfloxacin	Sodium nitroprusside infusion Norflex, (orphenadrine)	complete spelling for drug names

B – Formulary Drug Listing

Definitions

All extended release, liquid, and combination formulations of the medications are Non-formulary unless a medical condition requires the use of a liquid medication or is a DOC pharmacy compounded product. These liquid products will be considered Restricted Formulary and require the approval of the Pharmacist Supervisor or FMD/designee.

Except controlled substances and other drugs treated as such (i.e. sildenafil), bupropion, Gabapentin, and injectable medications, practitioners may override medline or issue status of (an entire or part of the life of) a particular prescription for a specific patient.

Table

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Abacavir	Ziagen	<i>Restricted Formulary</i>	Approved as continuation therapy.. If therapy is initiated at DOC it requires approval by the DOC infection diseases specialist, Statewide Chief Medical Officer of Health Services, or Pharmacy Director	AHFS: 8:18.08.20 Nucleoside Reverse Transcriptase Inhibitors (NRTs)	medline for a 14-day trial period and may be issued thereafter
Abacavir/ Lamivudine	Epzicom	<i>Restricted Formulary</i>	Approved as continuation therapy or if alternative therapies fail. If therapy is initiated at DOC it requires approval by the DOC infection diseases specialist, Statewide Chief Medical Officer of Health Services, or Pharmacy Director	AHFS 8:18.08.20 Antiretrovirals	medline for a 14-day trial period and may be issued thereafter
Abacavir/ lamivudine/ zidovudine	Trizivir	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC it requires approval by the DOC infection diseases specialist, Statewide Chief Medical Officer of Health Services, or Pharmacy Director	AHFS: 8:18.08.20 Nucleoside Reverse Transcriptase Inhibitors (NRTs)	medline for a 14-day trial period and may be issued thereafter
Abilify	Aripiprazole	<i>Restricted Formulary</i> Non-Formulary: Simultaneous use of	Requires Psych CRC approval unless they have failed adequate trials of	AHFS 28:16.08.04 Atypical Antipsychotics	medline

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
		more than two atypicals, off label and/or PRN use	two first line agents. Should be initiated and followed by a psychiatric practitioner or MD		
Acetaminophen	Tylenol	<i>Restricted Formulary</i>	OTC item, requires approval by facility medical director or pharmacy supervisor. Approved for acute pain (up to 5 days after initial injury), Hepatitis C treatment side effects, or high fever ($\geq 101^{\circ}\text{F}$).	AHFS 28:08 Miscellaneous Analgesics and Antipyretics	issue
Acetaminophen/A SA/Caffeine	Excedrin Migraine	<i>Restricted Formulary</i>	Approved for migraine therapy after failure (or contraindication) of OTC NSAID products and a 1 st line agent such as sumatriptan. Limit fills to 10 tablets per fill and 20 tablets per month	AHFS 28:08 Miscellaneous Analgesics and Antipyretics	issue
Acetaminophen/ Codeine	Tylenol #3	Restricted Formulary	Refer to Opiate Management Protocol for prescribing guidelines	AHFS 28:08.08 Opiate agonists Controlled Substance C-III	Medline Only
Acetaminophen/ Isometheptene/Dichlorophenazone	Midrin	Restricted Formulary	Limit to a maximum of 20 per month 10 per fill with a stop date of no longer than 6 months. Authorized TI 1:1 with APAP/Caffeine/isomethepten (Migraten) Select least expensive of the two agents.	AHFS 28:08.92 Miscellaneous Analgesics and Antipyretics Controlled Substance C-IV	issue
Acetaminophen/ Caffeine Isometheptene	Migraten	Formulary	Limit to a maximum of 20 per month 10 per fill. Authorized TI 1:1 with APAP/dichlorophenazone /isomethepten (Midrin) Select least expensive of the two agents.	AHFS 28:08.92 Miscellaneous Analgesics and Antipyretics Controlled Substance C-IV	issue
Acetaminophen/ phenyltoloxamine citrate	Aceta-Gesic, Major-Gesic	<i>Restricted Formulary</i>	OTC item, requires approval by facility medical director or pharmacy supervisor	AHFS 28:08 Miscellaneous Analgesics and Antipyretics	issue
Aceta-Gesic, Major-Gesic	Acetaminophen/ Phenyltoloxamine citrate	<i>Restricted Formulary</i>	OTC item, requires approval by facility medical director or pharmacy supervisor.	AHFS 28:08 Miscellaneous Analgesics and Antipyretics	issue

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Acetazolamide	Diamox	Formulary		AHFS 52:10 Carbonic anhydrous inhibitors	issue
Acetic acid 2% for irrigation	Acetic acid Solution	Formulary		AHFS 40:36 Irrigating Solutions	issue
Acetic acid / Aluminum acetate	Domeboro Otic	Formulary		AHFS 52:04.12 Miscellaneous EENT anti-infective	issue
Acetylcysteine	Mucomyst	Formulary		AHFS 48:24 Mucolytic agents	issue
Activase	Alteplase	<i>Restricted Formulary</i>	Approved if alternative therapies fail or contraindicated	AHFS 20:14 Thrombolytic Agents	medline
Actos	Pioglitazone	<i>Restricted Formulary</i>	Approved if alternative therapies fail or contraindicated	AHFS 68:20.28 Thiazolidinediones	issue
Acyclovir	Zovirax	Formulary: Oral dosage form Non-Formulary: Topical		AHFS 8:18.32 Nucleosides and Nucleotides	issue
Adacel	Tetanus & diphtheria & pertussis toxoid adsorbed (adult)	Restricted Formulary	Follow DOC Policy 670.000	AHFS 80:12 Vaccines	medline
Adalat	Nifedipine	<i>Restricted Formulary</i>	Approved for treatment of nephrolithiasis, Reynaud, Prinzmetal angina and failure with monotherapy to other first line hypertensive agents.	AHFS 24:28 Calcium-Channel Blocking Agents	issue
Adalimumab	Humira	<i>Restricted Formulary</i>	Requires recommendation from a specialist	AHFS 92:00 MISC	medline
Advair HFA	Fluticasone/salmeterol	Formulary Non Formulary: Diskus	Potential DDI with Protease Inhibitors significant risk of increased absorption of the steroid. If patient is on a Protease Inhibitor, please notify prescriber. Approved TI: Diskus to HFA	AHFS 12:12 Sympathomimetic agents AHFS 52:08 EENT Anti-inflammatory agents	issue
Aerochamber	Inhaler spacer	Formulary			issue
Akwa Tears	Tears Artificial	<i>Restricted Formulary:</i>	OTC item, requires approval by facility medical director or pharmacy supervisor. Approved for Bell's Palsy, S/P cataract or corneal surgery and Sicca syndrome due to diagnosed autoimmune	AHFS 52:36 Miscellaneous EENT drugs	issue

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			etiology or connective tissue disease.		
Albumin Human	Plasbumin	Formulary		AHFS 16:00 Blood Derivatives	medline
Albuterol HFA	Ventolin HFA	Formulary: Neb, MDI <i>Restricted Formulary:</i> More than one canister per month Non-Formulary: Extended release, other HFA Brands	Only one canister per month for asthma patients. Patients with asthma should be on an inhaled steroid if necessary.	AHFS 12:12 Sympathomimetic (adrenergic) agents	issue
Alcohol isopropyl	Isopropyl Alcohol	Formulary		AHFS 96:00 Pharmaceutical aids	issue
Aldactone	Spironolactone	Formulary		AHFS 40:28.10 Potassium sparing diuretics AHFS 24:32.20 Mineralocorticoid (Aldosterone) Receptor Antagonists	issue
Alendronate	Fosamax	Formulary		AHFS 92:00 Miscellaneous therapeutic agents	issue
Allopurinol	Zyloprim	Formulary		AHFS 92:00 Miscellaneous therapeutic agents	issue
Alphagan-P	Brimonidine	Formulary		AHFS 52:36 Miscellaneous EENT Drugs	issue
Alteplase	Activase	<i>Restricted Formulary</i>	Approved if alternative therapies fail or contraindicated	AHFS 20:14 Thrombolytic Agents	medline
Aluminum acetate	Burow's solution	Formulary		AHFS 96:00 Pharmaceutical aids	issue
Aluminum acetate/ Acetic acid	Domeboro Otic	Formulary		AHFS 52:04.12 Miscellaneous EENT anti-infective	issue
Aluminum hydroxide gel	Alu-Tab, Alu-Cap, Amphojel	<i>Restricted Formulary</i>	Approved for dialysis patients	AHFS 56:04 Antacids and adsorbents	issue
Aluminum/Magnesium /Sodium bicarbonate & Algenic acid	Gaviscon	<i>Restricted Formulary</i>	OTC item requires approval by facility medical director or pharmacy supervisor.	AHFS 56:04 Antacids and adsorbents	issue
Aluminum & Magnesium hydroxide	Maalox	<i>Restricted Formulary</i>	OTC item requires approval by facility medical director or pharmacy supervisor.	AHFS 56:04 Antacids and adsorbents	issue
Alu-Tab, Alu-Cap, Amphojel	Aluminum hydroxide gel	<i>Restricted Formulary</i>	Approved for dialysis patients	AHFS 56:04 Antacids and adsorbents	issue
Amantadine	Symmetrel	Formulary		AHFS: 8:18.04 Adamantanes	issue
Amiodarone	Cordarone	<i>Restricted Formulary</i>	Approved if alternative therapies fail or contraindicated	AHFS 28:04.04 Antiarrhythmic Agents	issue
Amitriptyline	Elavil	Formulary		AHFS 28:16.04 Antidepressants	medline

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Amlodipine	Norvasc	Formulary		AHFS 24:28 Calcium-Channel Blocking Agents	issue
Amoxicillin	Amoxil, Polymox	Formulary		AHFS 8:12.16 Penicillins	issue
Amoxicillin & clavulanate	Augmentin	Formulary		AHFS 8:12.16 Penicillins	issue
Amoxil, Polymox	Amoxicillin	Formulary		AHFS 8:12.16 Penicillins	issue
Amphojel, Alu-Tab, Alu-Cap,	Aluminum hydroxide gel	<i>Restricted Formulary</i>	Approved for dialysis patients	AHFS 56:04 Antacids and adsorbents	issue
Amphotericin B	Fungizone	Formulary Non-Formulary: Oral		AHFS 8:14 Antifungals	medline
Ampicillin & sulbactam sodium	Unasyn	Formulary		AHFS 8:12.16 Penicillins	medline
Anafranil	Clomipramine	Formulary		AHFS 28:16.04 Antidepressants	medline
Anaprox	Naproxen	<i>Restricted Formulary</i>	All strengths require approval by facility medical director or pharmacy supervisor. Approved for acute pain (up to 5 days after initial injury), Hepatitis C treatment side effects, or high fever ($\geq 101^{\circ}\text{F}$).	AHFS 28:08 Nonsteroidal anti-inflammatory agents	issue
Ancef	Cefazolin sodium injectable	Formulary		AHFS 8:12.06 Cephalosporins	medline
Ansaid	Flurbiprofen	Restricted Formulary	Dental procedure only	AHFS 28:08.04 Nonsteroidal Anti-Inflammatory Agents	issue
Antihemophilic Factor	Monarch Factor VIII	Formulary	Approved for hemophilic patients	AHFS 20:12.16 Hemostatics	medline
Anti-inhibitor coagulant complex	Feiba VH	Formulary	Approved for hemophilic patients	AHFS 20:12.16 Hemostatics	medline
Antipyrine/ benzocaine/ Glycerin Otic	Auralgan Otic	Formulary		AHFS 52:16 EENT Local Anesthetics	issue
Antivert	Meclizine	Formulary		AHFS 56:22 Anti-emetics	issue
Anusol-HC, Cortenema	Hydrocortisone HCL	Formulary: Prescription strength Restricted Formulary: OTC items	Require approval by facility medical director or pharmacy supervisor.	AHFS 84:06 Topical anti-inflammatory agents	issue
Apresoline	Hydralazine	Formulary		AHFS 24:08.20 Direct Vasodilators	issue
Aptivus	Tipranavir	<i>Restricted Formulary</i>	Approved as continuation therapy or if alternative	AHFS 8:18.08.20 Antiretrovirals	medline for a 14-day trial period

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			therapies fail. If therapy is initiated at DOC it requires approval by the DOC infection diseases specialist, Statewide Chief Medical Officer of Health Services, or Pharmacy Director		and may be issued thereafter
Aqua Care	Urea lotion 10%	Restricted Formulary	Approved for diabetic patients only	AHFS 84:28 Keratolytic Agents	issue
Aqua-Mephyton, Mephyton	Phytonadione (Vitamin K-1)	Formulary		AHFS 88:24 Vitamin K activity	medline
Aquaphor	Hydrophilic Ointment	<i>Restricted Formulary</i>	OTC item, requires approval by facility medical director or pharmacy supervisor. Non-Formulary: Dry skin (not including diabetic patients)	AHFS 84:24 Emollients, demulcents, and protectant	issue
Aranesp	Darbepoetin	Restricted Formulary	Approved for severe anemia in the setting of end stage renal disease only	AHFS 20:16 Hematopoietic Agents	medline
Aricept	Donepezil	Restricted Formulary	Requires psych CRC approval for the treatment of condition. Require a psychiatric prescriber to write the medication order.	AHFS 12:04 Parasympathomimetic (Cholinergic) Agents	issue
Aripiprazole	Abilify	Restricted Formulary Non-Formulary: Simultaneous use of more than two atypicals, off label and/or PRN use	Requires Psych CRC approval unless they have failed adequate trials of two first line agents. Should be initiated and followed by a psychiatric practitioner or MD	AHFS 28:16.08.04 Atypical Antipsychotics	medline
Aristospan, Nasacort, Azmacort, Aristocort, Kenalog, Kenalog in Orabase	Triamcinolone	<i>Restricted Formulary:</i> Nasal form Non-Formulary: Topical strengths other than 0.1%	Approved for the treatment of recurrent bacterial sinusitis or otitis media.	AHFS 52:08 EENT Anti-inflammatory agents AHFS 84:06 Topical anti-inflammatory agents AHFS 68:04 Adrenals	issue
Artane	Trihexyphenidyl	Formulary		AHFS 12:08.04 Anti-parkinsonian agent	medline
Asacol, Rowasa	Mesalamine	Restricted Formulary	Approved if alternative therapies fail or contraindicated.	AHFS 56:36 Anti-inflammatory Agents	issue
Ascorbic Acid	Vitamin C	Restricted Formulary	Approved for iron absorption aid	AHFS 88:12	Issue

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Aspirin	Aspirin	<i>Restricted Formulary</i>	OTC item, requires approval by facility medical director or pharmacy supervisor. Approved for acute pain (up to 4 days after the initial injury), cardiac prophylaxis, high fever ($\geq 101^{\circ}\text{F}$), niacin therapy, or TIA prevention.	AHFS 28:08.04.24 Salicylates	issue
Atazanavir	Reyataz	<i>Restricted Formulary</i>	Approved as continuation therapy or if alternative therapies fail. If therapy is initiated at DOC it requires approval by the DOC infection diseases specialist, Statewide Chief Medical Officer of Health Services, or Pharmacy Director	AHFS 8:18.08.08.20 Antiretrovirals	medline for a 14-day trial period and may be issued thereafter
Atenolol	Tenormin	Formulary		AHFS 24:24 Beta-Adrenergic Blocking Agents	issue
Ativan	Lorazepam	Formulary		AHFS 28:24.08 Benzodiazepines Controlled Substance C-IV	Medline Only
Atropine sulfate	Isopto-Atropine	Formulary		AHFS 52:24 Mydriatics	issue
Atropine/ benzoic acid/ hyoscyamine/ methenamine/ methylene blue/ phenyl salicylate	Urised	Formulary		AHFS 12:08.08 Antimuscarinic/ antispasmodics	issue
Atrovent	Ipratropium	Formulary		AHFS 12:08.08 Antimuscarinic/ antispasmodic	issue
Augmentin	Amoxicillin & clavulanate	Formulary		AHFS 8:12.16 Penicillins	issue
Auralgan Otic	Antipyrine/ benzocaine/ Glycerin Otic	Formulary		AHFS 52:16 EENT Local Anesthetics	issue
Auranofin	Ridaura	<i>Restricted Formulary</i>	Approved if alternative therapies fail or contraindicated	60:00 Gold Compounds	issue
Avonex	Interferon Beta 1a	<i>Restricted Formulary</i> Non-Formulary: Rebif	Requires approval of a specialist with assessment and recommendation for the treatment of MS before or after admission to DOC Other immunomodulators or immunosuppressants may be prescribed with	AHFS 8:18:20 Interferons	medline

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			the approval of FMD and Pharmacy Supervisor. These agents are not subject to TI.		
Azathioprine	Imuran	Formulary		AHFS 92:00 Miscellaneous therapeutic agents (Immunosuppressive)	issue
Azithromycin	Zithromax	Formulary		AHFS 8:12.06 Macrolides	issue
Azulfidine	Sulfasalazine	Formulary		AHFS 8:24.20 Sulfonamides	issue
Azmacort, Aristocort, Kenalog, Kenalog in Orabase, Aristospan, Nasacort	Triamcinolone	(<i>Restricted Formulary:</i> Nasal form Non-Formulary: Topical strengths other than 0.1%	Approved for the treatment of recurrent bacterial sinusitis or otitis media.	AHFS 52:08 EENT Anti-inflammatory agents AHFS 84:06 Topical anti-inflammatory agents AHFS 68:04 Adrenals	issue
Bacitracin/ polymyxin B/ neomycin	Triple Antibiotic, Neosporin	<i>Restricted Formulary:</i>	OTC item, requires approval by facility medical director or pharmacy supervisor.	AHFS 84:04.04 Topical Antibacterials	issue
Baclofen	Lioresal	<i>Restricted Formulary</i>	Treatment limited to 2 weeks, beyond that requires CRC approval (if written for more than once in a 3-month period then requires an FMD approval). Approved for spasticity due to multiple sclerosis or spinal cord injury and cerebral palsy.	AHFS 12:20 Skeletal Muscle Relaxants	medline
Bactrim DS, Cotrim DS, Septra DS	Trimethoprim/ sulfamethoxazole (SMX-TMP)	Formulary		AHFS 8:12.20 Sulfonamides	issue
Bactroban	Mupirocin	<i>Restricted Formulary</i> Non-Formulary: Nasal form	Approved if alternative therapies fail or contraindicated.	AHFS 84:04.04 Topical Antibacterials	issue
Baros	Sodium Bicarbonate	Restricted Formulary	Approved for dialysis patients	AHFS 40:08 Alkalizing agent	issue
BayTet	Tetanus immune globulin	Formulary		AHFS 80:04 Serums	medline
BD Glucose	Dextrose	Formulary		AHFS 40:20 Caloric agents	issue
Beclomethasone inhaler	QVAR	Formulary: Inhalers Non-Formulary: Nasal Spray		AHFS 52:08 EENT anti-inflammatory agents	issue
Benadryl	Diphenhydramine	Restricted Formulary: Medication side effects, acute allergic reactions; seasonal allergies (only after		AHFS 4:04 Antihistamine drugs	issue

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
		failure of a 1 st line agent.) Non-Formulary: Insomina			
Benazepril	Lotensin	Formulary		AHFS 24:32.04 Angiotensin-Converting Enzyme Inhibitors	issue
Benemid	Probenecid	Formulary		AHFS 40:40 Uricosuric agents	issue
Bentyl	Dicyclomine	Formulary		AHFS 12:08.08 Antimuscarinic/ anti-spasmodics	issue
Benzocaine	Orabase	<i>Restricted Formulary</i>	OTC item, requires approval by facility medical director or pharmacy supervisor.	AHFS 52:16 EENT Local Anesthetics	issue
Benzocaine/ antipyrine/ Glycerin Otic	Auralgan Otic	Formulary		AHFS 52:16 EENT Local Anesthetics	issue
Benzoic acid / Atropine / hyoscyamine / methenamine / methylene blue / phenyl salicylate	Urised	Formulary		AHFS 12:08.08 Antimuscarinic/ antispasmodics	issue
Benzonatate	Tessalon	Formulary		AHFS 48:08 Antitussives	issue
Benztropine mesylate	Cogentin	Formulary		AHFS 12:08.04 Anti-parkinsonian agents	medline
Betadine	Povidone iodine	Formulary		AHFS 84:04.16 Miscellaneous local anti-infectives	issue
Betamethasone valerate 0.1%	Valisone	Formulary		AHFS 84:06 Topical anti-inflammatory agents	issue
Betapace	Sotalol	Formulary <i>Restricted Formulary:</i> AF	Sotalol AF approved for atrial fibrillation or continuation of therapy	AHFS 24:24 Beta-adrenergic blockers	issue
Betaxolol HCl	Betoptic, Betoptic-S	Formulary		AHFS 52:36 Miscellaneous EENT drugs	issue
Bethanechol	Urecholine	Formulary		AHFS 12:04 Parasympathomimetic (cholinergic) agents	issue
Betoptic, Betoptic-S	Betaxolol HCl	Formulary		AHFS 52:36 Miscellaneous EENT drugs	issue
Biaxin	Clarithromycin	Restricted Formulary	Approved for H-Pylori treatment	AHFS 8:12.06 Macrolides	issue
Bicitra, Shohl's solution	Sodium citrate/ Citric acid	Restricted Formulary	Approved for patients with chronic renal disease only	AHFS 40:08 Alkalinizing agents	issue
Bicillin LA	Penicillin G, benzathine	Formulary		AHFS 8:12.16 Penicillins	medline
Biotene	Fluoride/Calcium/	Restricted Formulary	Must be prescribed by DOC Dentists only for	AHFS 34:00 Dental Agents	issue

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
	Enzyme Guard		patients diagnosed with xerostomia.		
Bismuth subsalicylate	Pepto-Bismol	<i>Restricted Formulary</i>	OTC item, requires approval by facility medical director or pharmacy supervisor. Approved for H-Pylori regimen.	AHFS 56:08 Anti-diarrhea agents	issue
Brethine	Terbutaline sulfate	Restricted Formulary	Approved for pregnant patients or patients with priapism only	AHFS 12:12 Sympathomimetic agents	issue
Brimonidine	Alphagan P	Formulary		AHFS 52:36 Miscellaneous EENT Drugs	issue
Budesonide	Pulmicort	Formulary: Nebes only Non-Formulary: other dosage form		52:08 EENT Anti-inflammatory agents	issue
Bupivacaine	Marcaine with & without epi	Formulary		AHFS 72.00 Local Anesthetics	medline
Buprenorphine/ Naloxone	Suboxone	<i>Restricted Formulary</i>	Prescriber must complete certification and be licensed by the DEA to prescribe	AHFS 28:10 Opiate antagonist	medline
Burow's solution	Aluminum acetate	Formulary		AHFS 96:00 Pharmaceutical aids	issue
Buspar	Buspirone	Formulary		AHFS 28:24.92 Miscellaneous anxiolytics, sedatives, and hypnotics	issue
Buspirone	Buspar	Formulary		AHFS 28:24.92 Miscellaneous anxiolytics, sedatives, and hypnotics	issue
Calan, Calan SR	Verapamil	Formulary		AHFS 24:28 Calcium-Channel Blocking Agents	issue
Calcitriol	Rocaltrol	<i>Restricted Formulary</i>	For dialysis patients only	AHFS 88:16 Vitamin D	issue
Calcium acetate	PhosLo	Formulary		AHFS 92:00 Miscellaneous therapeutic agents	Issue
Calcium carbonate	Tums	<i>Restricted Formulary</i>	OTC item, requires approval by facility medical director or pharmacy supervisor Approved for hypocalcaemia, hyperphosphatemia, or end stage renal disease.	AHFS 40:12 Replacement preparations	Issue
Calcium polycarbophil	Fibercon	Restricted Formulary:	OTC item, Requires approval by facility medical director or pharmacy supervisor. Approved for IBS, diverticulitis, or medication induced	AHFS 56:12 Cathartics and Laxatives	Issue

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			constipation (must document causative medication). First line bulk forming laxative.		
Calcium with Vit D	Vitamin D with Calcium	Restricted Formulary:	OTC item, requires approval by facility medical director or pharmacy supervisor. Approved for documented osteopenia, osteoporosis, hypogonadism, menopause, chronic glucocorticoid treatment patients, and lactose intolerant patients	AHFS 88:16 Vitamin D	Issue
Campho-Phenique	Camphor/ phenol/ eucalyptus in light mineral oil	Restricted Formulary:	OTC item, requires approval by facility medical director or pharmacy supervisor.		issue
Camphor/phenol/ eucalyptus in light mineral oil	Campho-Phenique	Restricted Formulary:	OTC item, requires approval by facility medical director or pharmacy supervisor.		issue
Capoten	Captopril	Formulary	Use first for HTN urgency	AHFS 24:32.04 Angiotensin-Converting Enzyme Inhibitors	issue
Capsaicin	Zostrix	Formulary		AHFS 84:36 Miscellaneous Skin and Mucous Membrane Agents	issue
Captopril	Capoten	Formulary	Use first for HTN urgency	AHFS 24:32.04 Angiotensin-Converting Enzyme Inhibitors	issue
Carafate	Sucralfate	Formulary		AHFS 56:28.32 Protectants	issue
Carbamazepine	Tegretol	Formulary Non-Formulary: Extended Release		AHFS 28:12.92 Miscellaneous anticonvulsants	medline
Carbamide Peroxide	Debrox Otic	Formulary		AHFS 52:04.92 Miscellaneous Anti-infectives	Issue
Carbidopa/ Levodopa	Sinemet	Restricted Formulary:	Approved for Restless Leg Syndrome after therapy approved by CRC	AHFS 28:92 Miscellaneous Central Nervous System Agents	issue
Cardizem, Cardizem CD	Diltiazem HCl	Formulary Non-Formulary: Cardizem SR		AHFS 24:28 Calcium-Channel Blocking Agents	issue
Cardura	Doxazosin	Formulary		AHFS 24:20 Alpha-Adrenergic Blocking Agents	issue
Carvedilol	Coreg	Restricted Formulary	CHF patients only	AHFS 24:24 Beta-Adrenergic Blocking Agents	issue
Catapres	Clonidine	Formulary: Oral Non-Formulary: TTS		AHFS 24:08.16 Central Alpha Agonists	medline

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Cefazolin sodium	Ancef	Formulary		AHFS 8:12.06 Cephalosporins	medline
Cefoxitin sodium	Mefoxin	Restricted Formulary	Approved based on C&S results and in discussion with a pharmacist (see formulary section VI.2)	AHFS 8:12.06 Cephalosporins	medline
Ceftazidime	Fortaz, Tazidime	Restricted Formulary	Approved based on C&S results and in discussion with a pharmacist (see formulary section VI.2)	AHFS 8:12.06 Cephalosporins	medline
Ceftin	Cefuroxime	Formulary		AHFS 8:12.06 Cephalosporins	medline
Ceftriaxone	Rocephin	Formulary		AHFS 8:12.06 Cephalosporins	medline
Cefuroxime	Ceftin	Formulary		AHFS 8:12.06 Cephalosp ins	medline
Celexa	Citalopram	Formulary		AHFS 28:16.04 Antidepressants	issue
Cephalexin	Keflex	Formulary		AHFS 8:12.06 Cephalosporins	issue
Cephulac	Lactulose	Restricted Formulary	Approved for use in patients with hepatic encephalopathy only.	AHFS 40:10 Ammonia Detoxicants	issue
CharcoAid	Charcoal	Formulary		AHFS 56:04 Antacids and adsorbents	medline
Charcoal	CharcoAid	Formulary		AHFS 56:04 Antacids and adsorbents	medline
Chlordiazepoxide	Librium	Formulary		AHFS 28:24.08 Benzodiazepines Controlled Substance C-IV	Medline Only
Chlorhexidine gluconate	Peridex, Hibistat , Hibiclens	Restricted Formulary: Non-Formulary: Other use of skin topical.	Approved for dental solution use & must be prescribed by a DOC dentist or procedure preparation as surgical scrub.	AHFS 84:04.16 Miscellaneous local anti-infectives	issue
Chlorpheniramine	Chlortrimeton	Restricted Formulary: Requires approval by facility medical director or pharmacy supervisor.		AHFS 4:04 Antihistamine Drugs	issue
Chlorpromazine	Thorazine	Formulary		AHFS 28:16.08.24 Phenothiazines	medline
Chlortrimeton	Chlorpheniramine	Restricted Formulary: Requires approval by facility medical director or pharmacy supervisor.		AHFS 4:04 Antihistamine Drugs	issue
Cholestyramine	Prevalite, Questran	Formulary		AHFS 24:06 Antilipemic Agents	issue
Choline magnesium Salicylate	Trilisate	Formulary		AHFS 28:08.04.24 Salicylates	issue
Cinacalcet	Sensipar	Restricted Formulary	Approved for dialysis patients	AHFS 92:00 Misc	issue
Cipro,	Ciprofloxacin	Formulary: Oral Restricted Formulary:		AHFS 8:12.18 Quinolones	issue

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Ciloxin		Ophthalmic and Otic solutions (must fail first line agent) Non-Formulary: Intravenous solutions			
Ciprofloxacin	Cipro, Ciloxin	Formulary: Oral Restricted Formulary: Ophthalmic and Otic solutions (must fail first line agent) Non-Formulary: Intravenous solutions		AHFS 8:12.18 Quinolones	Issue
Citalopram	Celexa	Formulary		AHFS 28:16.04 Antidepressants	issue
Clarithromycin	Biaxin	Restricted Formulary	Approved for H-Pylori treatment	AHFS 8:12.06 Macrolides	issue
Claritin	Loratadine	Restricted Formulary:	OTC item, requires approval by facility medical director or pharmacy supervisor.	AHFS 4:08 Antihistamine Drugs	issue
Clear-Eyes	Naphazoline	Restricted Formulary:	OTC item, requires approval by facility medical director or pharmacy supervisor.	AHFS 52:32 Vasoconstrictors	issue
Cleocin	Clindamycin	Formulary Non-Formulary: Topical use		AHFS 8:12.28 Miscellaneous Antibacterials	issue
Clindamycin	Cleocin	Formulary Non-Formulary: Topical use		AHFS 8:12.28 Miscellaneous Antibacterials	issue
Clobetasol 0.05%	Temovate	Restricted Formulary	Approved if alternative therapies fail or contraindicated	AHFS 84:06 Topical anti-inflammatory agents	issue
Clomipramine	Anafranil	Formulary		AHFS 28:16.04 Antidepressants	medline
Clonazepam	Klonopin	Restricted Formulary Non-Formulary: Seizure control	Routine psychiatric doses should not exceed 4mg per day	AHFS 28:12.08 Anticonvulsants: Benzodiazepines Controlled Substances (CIV)	Medline Only
Clonidine	Catapres	Formulary: Oral Non-Formulary: TTS		AHFS 24:08.16 Central Alpha Agonists	medline
Clopidogrel	Plavix	Formulary		AHFS 92:00 Miscellaneous therapeutic agents	issue
Clotrimazole	Mycelex	Restricted Formulary: Non-Formulary: Oral	Approved for yeast infection (emergency use only). OTC item, requires approval by facility medical director or pharmacy supervisor.	AHFS 8:14 Antifungals	Issue
Clozapine	Clozaril	Restricted Formulary Non-Formulary: Simultaneous use of more than two atypicals, off label and/or PRN	Should be initiated and followed by a psychiatric practitioner or MD according to Clozapine Protocol.	AHFS 28:16.08.04 Atypical Antipsychotics	medline

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
		use	Prescriber must be registered with the manufacturer Pharmacy will dispense in amounts equal to the time interval required for lab monitoring or less (see clozapine protocol). (\$)		
Clozaril	Clozapine	Restricted Formulary Non-Formulary: Simultaneous use of more than two atypicals, off label and/or PRN use	Should be initiated and followed by a psychiatric practitioner or MD according to Clozapine Protocol. Prescriber must be registered with the manufacturer. Pharmacy will dispense in amounts equal to the time interval required for lab monitoring or less (see clozapine protocol). (\$)	AHFS 28:16.08.04 Atypical Antipsychotics	medline
Coal Tar	Estar 7.5% Gel, Terra-gel Shampoo	Formulary	Not approved for treatment of dandruff	AHFS 84:32 Keratoplastic agents	issue
Codeine/ Acetaminophen	Tylenol #3	Restricted Formulary	Refer to Opiate Management Protocol for prescribing guidelines	AHFS 28:08.08 Opiate agonists Controlled Substance C-III	Medline Only
Cogentin	Benztropine mesylate	Formulary		AHFS 12:08.04 Anti-parkinsonian agents	medline
Colace	Docusate sodium	Formulary		AHFS 56:12 Cathartics and laxatives	issue
Colchicine	Colchicine	Restricted Formulary	Approved for up to 14 days of treatment for acute gout flares	AHFS 92:00 Miscellaneous therapeutic agents	issue
Combivent	Ipratropium/ Albuterol	Formulary		AHFS 12:12 Sympathomimetic (adrenergic) agents AHFS 12:08.08 Antimuscarinic/ antispasmodic	issue
Compazine	Prochlorperazine	Formulary		AHFS 56:22 Anti-emetics AHFS 28:16.08.24 Phenothiazines	issue
Comtan	Entacapone	Formulary		AHFS 28:92 Miscellaneous Central Nervous System Agents	issue
Copegus	Ribavirin	Restricted Formulary	Only in conjunction with HepC protocol	AHFS 8:18.32 Nucleosides and Nucleotides	issue
Cordarone	Amiodarone	Restricted Formulary	Approved if alternative	AHFS 28:04.04 Antiarrhythmic	issue

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			therapies fail or contraindicated	Agents	
Coreg	Carvedilol	Restricted Formulary	CHF patients only	AHFS 24:24 Beta-Adrenergic Blocking Agents	issue
Cortenema, Anusol-HC, Cotril	Hydrocortisone HCL	Formulary: Prescription strength Restricted Formulary: OTC Strength	OTC item, requires approval by facility medical director or pharmacy supervisor.	AHFS 84:06 Topical anti-inflammatory agents	issue
Cortisporin	Neomycin/ Polymyxin B/ Hydrocortisone	Formulary: Otic Non-Formulary: Other dosage forms		AHFS 52:04.04 Antibacterials	issue
Cotrim DS, Bactrim DS, Septra DS	Trimethoprim/ sulfamethoxazole (SMX-TMP)	Formulary		AHFS 8:12.20 Sulfonamides	issue
Coumadin	Warfarin sodium	Formulary		AHFS 20:12.04 Anticoagulants	Medline until INR is stable for 2 weeks, then may issue
Cozaar	Losartan	Restricted Formulary	Must have tried and failed, or have a clinically documented intolerance to an ACEI.	AHFS 24:32.08 Angiotensin II Receptor Antagonists	issue
Crixivan	Indinavir	<i>Restricted Formulary</i>	Approved as continuation therapy or if alternative therapies fail. If therapy is initiated at DOC it requires approval by the DOC infection diseases specialist, Statewide Chief Medical Officer of Health Services, or Pharmacy Director	AHFS 8:18.08.08 Antiretrovirals	medline for a 14-day trial period and may be issued thereafter
Cromolyn sodium	Intal	Restricted Formulary	Approved if alternative therapies fail or contraindicated	AHFS 92:00 Miscellaneous therapeutic agents	issue
Crotamiton 10%	Eurax	Formulary	Not approved for prophylactic treatment	AHFS 84:04.12 Scabicides and Pediculides	issue
Cyanocobalamin	Vitamin B12	Formulary: Injectable Non-Formulary: solid dose form		AHFS 88:08 Vitamin B complex	Medline
Cyclobenzaprine	Flexeril	<i>Restricted Formulary</i>	Must fail Methocarbamol first. Treatment limited to 2 weeks, beyond that requires CRC approval (if written for more than once in a 3-month period then requires an FMD approval). Approved for spasticity due to multiple sclerosis or spinal cord injury and cerebral palsy.	AHFS 12:20 Skeletal Muscle Relaxants	medline
Cyclogyl	Cyclopentolate	Restricted Formulary	Approved if alternative therapies fail or contraindicated	AHFS 52:24 Mydriatics	issue

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Cyclopentolate	Cyclogyl	Restricted Formulary	Approved if alternative therapies fail or contraindicated	AHFS 52:24 Mydriatics	issue
Cyclosporine	Neoral, Sandimmune	Formulary Non-Formulary: Ophthalmic		AHFS 92:00 Unclassified therapeutic	issue
Cytomel	Liothyronine	Restricted Formulary	Approved for psychiatric patients only	AHFS 68:36.04 Thyroid agents	issue
Dapsone	Dapsone	Formulary		AHFS 8:16.92 Miscellaneous Antimycobacterials	issue
Darbepoetin	Aranesp	Restricted Formulary	Approved for severe anemia in setting of end stage renal disease only	AHFS 20:16 Hematopoietic Agents	medline
DDAVP	Desmopressin	Restricted Formulary	Approved if alternative therapies fail or contraindicated	AHFS 68:28 Pituitary	issue
Debrox Otic	Carbamide peroxide	Formulary		AHFS 52:04.92 Miscellaneous Anti-infectives	issue
Decadron	Dexamethasone	Formulary		AHFS 68:04 Adrenals	issue
Deltasone	Prednisone	Formulary		AHFS 68:04 Adrenals	issue
Depakene	Valproic acid	Formulary		AHFS 28:12.92 Miscellaneous anticonvulsants	medline
Depakote	Divalproex	Formulary: DR Non-Formulary: ER		AHFS 28:12.92 Miscellaneous Anticonvulsants	medline
Depo-Medrol, Solu-Medrol, Medrol dose pack	Methylprednisolone	Formulary		AHFS 68:04 Adrenals	Issue
Desipramine	Norpramin	Formulary		AHFS 28:16.04 Antidepressants	medline
Desitin	Zinc oxide	Restricted Formulary:	OTC item, requires approval by facility medical director or pharmacy supervisor.	AHFS 84:80 Sunscreen agents	issue
Desmopressin	DDAVP	Restricted Formulary	Approved if alternative therapies fail or contraindicated	AHFS 68:28 Pituitary	issue
Desyrel	Trazodone	Formulary		AHFS 28:16.04 Anti-depressants	medline
Dexamethasone	Decadron	Formulary		AHFS 68:04 Adrenals	issue
Dexamethasone / Tobramycin	Tobradex	Formulary		AHFS 52:04 Antibacterials	issue
Dextran	Gentran	Formulary		AHFS 40:12 Replacement preparations	medline
Dextrose	BD Glucose	Formulary		AHFS 40:20 Caloric agents	issue
Dextrose & Sodium chloride	Dextrose & Sodium chloride	Formulary		AHFS 40:20 Caloric agents	medline
Dialyte	Peritoneal Dialysis Solutions	Restricted Formulary	Approved for dialysis patients only	AHFS 40:36 Irrigating solutions	medline
Diamox	Acetazolamide	Formulary		AHFS 52:10 Carbonic anhydrous inhibitors	issue
Diazepam	Valium	Formulary Non-Formulary: Hypnotic use		AHFS 28:24.08 Benzodiazepines Controlled Substance C-IV	Medline Only
Dicloxacillin	Dynapen	Formulary		AHFS 8:12.16 Penicillins	issue
Dicyclomine	Bentyl	Formulary		AHFS 12:08.08 Antimuscarinic/ anti-spasmodics	issue
Didanosine	Videx	<i>Restricted Formulary</i>	Approved as continuation therapy or if alternative	AHFS 8:18.08.20 Antiretrovirals	medline for a 14-day

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			therapies fail. If therapy is initiated at DOC it requires approval by the DOC infection diseases specialist, Statewide Chief Medical Officer of Health Services, or Pharmacy Director		trial period and may be issued thereafter
Diflucan	Fluconazole	Formulary: Approved for invasive candidiasis and vaginal candidiasis. Restricted Formulary: All other indications		AHFS 8:14 Antifungals	issue
Digoxin	Lanoxin	Formulary		AHFS 24:04.08 Cardiotonic Agents	issue
Dilantin	Phenytoin	Formulary: Caps and tabs Restricted Formulary: Suspension Non-Formulary: Brand Dilantin except 50mg	Suspension approved if oral solid dose formulations are contraindicated. (Note: dose adjustment may be required)	AHFS 28:12.12 Anticonvulsants: hydantoins	medline
Dilaudid	Hydromorphone	Restricted Formulary	Refer to Opiate Management Protocol for prescribing guidelines	AHFS 28:08.08 Opiate Agonists Controlled Substance C-II	Medline Only
Diltiazem HCl	Cardizem, Cardizem CD	Formulary Non-Formulary: Cardizem SR		AHFS 24:28 Calcium-Channel Blocking Agents	issue
Dipentum	Olsalazine	Restricted Formulary	Approved if Sulfasalazine failure or allergy	AHFS 56:92 Miscellaneous GI drugs	issue
Diphenhydramine	Benadryl	Restricted Formulary: Medication side effects, acute allergic reactions; seasonal allergies (only after failure of a 1 st line agent.) Non-Formulary: Insomina		AHFS 4:04 Antihistamine drugs	issue
Disalcid	Salsalate	Formulary		ASHP 28:08.04.24 Salicylates	issue
Ditropan	Oxybutynin	Formulary		AHFS 86:12 Genitourinary smooth muscle relaxants	issue
Divalproex	Depakote	Formulary: DR Non-Formulary: ER		AHFS 28:12.92 Miscellaneous Anticonvulsants	medline
Docusate sodium	Colace	Formulary		AHFS 56:12 Cathartics and laxatives	Issue
Dolophene	Methadone	Restricted Formulary	Approved only for pain control. Refer to Opiate	AHFS 28:08.08 Opiate agonists Controlled Substance C-II	Medline Only

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			Management Protocol for prescribing guidelines		
Domeboro Otic	Acetic acid / Aluminum acetate	Formulary		AHFS 52:04.12 Miscellaneous EENT anti-infective	issue
Donepezil	Aricept	Restricted Formulary	Requires psych CRC approval for the treatment of condition. Requires a psychiatric prescriber to write the medication order.	AHFS 12:04 Parasympathomimetic (Cholinergic) Agents	issue
Dorzolamide	Trusopt	Formulary		AHFS 52:10 Carbonic Anhydrase Inhibitors	issue
Doxazosin	Cardura	Formulary		AHFS 24:20 Alpha-Adrenergic Blocking Agents	issue
Doxepin	Sinequan	Formulary		AHFS 28:16.04 Antidepressants	medline
Doxycycline	Vibramycin, Periostat	Formulary		AHFS 8:12.24 Tetracyclines	issue
Dulcolax	Bisacodyl	Formulary		AHFS 56:12 Cathartics and laxatives	issue
Duoderm	Flexible hydroactive dressing/ granules	Formulary		AHFS 84:36 Miscellaneous skin and mucous membrane agents	medline
Duragesic	Fentanyl	Restricted Formulary: Patches and injectable	Patches are approved only for palliative care Injectable is approved for procedures only Refer to Opiate Management Protocol for prescribing guidelines	AHFS 28:08.08 Opiate Agonists Controlled Substance C-II	Inpatient use only
Duramorph, MS Contin	Morphine sulfate	Restricted Formulary	Refer to Opiate Management Protocol for prescribing guidelines	AHFS 28:08;08 Opiate agonists Controlled Substance C-II	Medline Only
Dyazide, Maxzide	Hydrochlorothiazide \ Triamterene	Formulary		AHFS 40:28.10 Potassium sparing diuretics	issue
Dynapen	Dicloxacillin	Formulary		AHFS 8:12.16 Penicillins	issue
Efavirenz	Sustiva	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC it requires approval by the DOC infection diseases specialist, Statewide Chief Medical Officer of Health Services, or Pharmacy Director	8:18.08.16 Non Nucleoside Reverse Transcriptase Inhibitors (NNRTs)	medline for a 14-day trial period and may be issued thereafter
Effexor	Venlafaxine	Formulary Non-Formulary: XR & ER	Therapeutic Interchange 1:1 XR or ER to IR	AHFS 28:16.04 Antidepressants	medline for trial period
Efudex	Fluorouracil	Formulary		AHFS 84:36 Miscellaneous Skin and Mucous Membrane Agents AHFS 10:00 Antineoplastic	issue

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Elavil	Amitriptyline	Formulary		Agents AHFS 28:16.04 Antidepressants	medline
Emtricitabine	Emtriva	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC it requires approval by the DOC infection diseases specialist, Statewide Chief Medical Officer of Health Services, or Pharmacy Director	AHFS: 8:18.08.20 Nucleoside Reverse Transcriptase Inhibitors (NRTs)	medline for a 14-day trial period and may be issued thereafter
Emtricitabine/Tenofovir	Truvada	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC it requires approval by the DOC infection diseases specialist, Statewide Chief Medical Officer of Health Services, or Pharmacy Director	AHFS: 8:18.08.20 Nucleoside Reverse Transcriptase Inhibitors (NRTs)	medline for a 14-day trial period and may be issued thereafter
Emtriva	Emtricitabine	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC it requires approval by the DOC infection diseases specialist, Statewide Chief Medical Officer of Health Services, or Pharmacy Director.	AHFS: 8:18.08.20 Nucleoside Reverse Transcriptase Inhibitors (NRTs)	medline for a 14-day trial period and may be issued thereafter
E-Mycin, Erytab, Erythrocin	Erythromycin	Formulary Non-Formulary: Topical formulations except ophthalmic ointment		AHFS 8:12.12 Macrolides	Issue
Enalapril	Vasotec	Formulary		AHFS 24:32.04 Angiotensin-Converting Enzyme Inhibitors	issue
Enbrel	Etanercept	Restricted Formulary	Requires approval of specialist, FMD and Pharmacy Supervisor Adalimumab shall be considered first	AHFS 92:00 MISC TNF Blocker	medline
Enfuvirtide (injection)	Fuzeon (injection)	Restricted Formulary	Approved as continuation therapy. If therapy is initiated at DOC it requires approval by the DOC infection diseases specialist, Statewide Chief Medical Officer of Health Services, or Pharmacy Director.	AHFS 8:18.08.04 HIV Fusion Inhibitors	medline only
Engerix-B, Recombivax-HB	Hepatitis B virus vaccine	Restricted Formulary	Follow DOC Policy 670.000	AHFS 80:12 Vaccines	medline

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
	recombinant				
Enoxaparin	Lovenox	Restricted Formulary	Approved if alternative therapies fail or contraindicated	AHFS 20:12.04 Anticoagulants	medline
Entacapone	Comtan	Formulary		AHFS 28:92 Miscellaneous Central Nervous System Agents	issue
Epinephrine	EpiPen	Formulary	For emergency use but not issued to patient unless authorized by facility field instruction.	AHFS 52:32 Vasoconstrictors	medline
EpiPen	Epinephrine	Formulary	For emergency use but not issued to patient unless authorized by facility field instruction.	AHFS 52:32 Vasoconstrictors	medline
Epivir	Lamivudine	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC it requires approval by the DOC infection diseases specialist, Statewide Chief Medical Officer of Health Services, or Pharmacy Director.	8:18.08.20 Nucleoside Reverse Transcriptase Inhibitors (NRTs)	medline for a 14-day trial period and may be issued thereafter
Epoetin Alfa	Epogen, Procrit	Restricted Formulary	Approved for end stage renal disease, severe anemia, and per HepC Protocol	AHFS 20:16 Hematopoietic Agents	medline
Epogen, Procrit	Epoetin Alfa	Restricted Formulary	Approved for end stage renal disease, severe anemia, and HepC C Protocol	AHFS 20:16 Hematopoietic Agents	medline
Epzicom	Abacavir/ Lamivudine	<i>Restricted Formulary</i>	Approved as continuation therapy or if alternative therapies fail. If therapy is initiated at DOC it requires approval by the DOC infection diseases specialist, Statewide Chief Medical Officer of Health Services, or Pharmacy Director	AHFS 8:18.08.20 Antiretrovirals	medline for a 14-day trial period and may be issued thereafter
Erythromycin	E-Mycin, Erytab, Erythrocin	Formulary Non-Formulary: Topical formulations except ophthalmic ointment		AHFS 8:12.12 Macrolides	issue
Eskalith, Lithobid	Lithium carbonate	Formulary	Should be initiated and followed by a psychiatric practitioner or MD.	AHFS 28:28 Anti-manic agents	medline
Estar 7.5% Gel, Terra-gel Shampoo	Coal Tar	Formulary	Not approved for treatment of dandruff	AHFS 84:32 Keratoplastic agents	issue
Estrace	Estradiol	Restricted Formulary	Approved for surgical menopause and atrophic vaginitis for a maximum period of five years or per	AHFS 68:16 Estrogens	Issue

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			OBGYN recommendation		
Estradiol	Estrace	Restricted Formulary	Approved for surgical menopause and atrophic vaginitis for a maximum period of five years or per OBGYN recommendation	AHFS 68:16 Estrogens	Issue
Etanercept	Enbrel	Restricted Formulary	Requires approval of specialist, FMD and Pharmacy Supervisor Adalimumab shall be considered first	AHFS 92:00 MISC TNF Blocker	medline
Ethambutol	Myambutol	Formulary		AHFS 8:16 Antituberculosis agents	medline
Ethinyl Estradiol/ Norethindrone	Ortho-Novum 1/35, 7/7/7	Restricted Formulary	Approved for dysmenorrhea, amenorrhea, endometriosis, ovarian cyst, and abnormal uterine bleeding.	AHFS 68:12 Contraceptives	issue
Ethinyl Estradiol/ Norgestimate	Ortho-Tri-Cyclen	Restricted Formulary	Approved for dysmenorrhea amenorrhea, endometriosis, ovarian cyst, and abnormal uterine bleeding.	AHFS 68:12 Contraceptives	issue
Etodolac	Lodine	Restricted Formulary Non-Formulary: Extended release	Approved for arthritis and dental use only	AHFS 28:08.04 Nonsteroidal Anti-Inflammatory Agents	issue
Eucerin	Hydrophilic cream	Restricted Formulary: Non-Formulary: Dry skin (not including diabetic patients)	OTC item, requires approval by facility medical director or pharmacy supervisor.	AHFS 84:24 Emollients, demulcents, and protectant	issue
Eurax	Crotamiton 10%	Formulary	Not approved for prophylactic treatment	AHFS 84:04.12 Scabicides and Pediculides	issue
Excedrin Migraine	Acetaminophen /ASA/Caffeine	Restricted Formulary	Approved for migraine therapy after failure (or contraindication) of OTC NSAID products and a 1 st line agent such as sumatriptan. Limit fills to 10 tablets per fill and 20 tablets per month	AHFS 28:08 Miscellaneous Analgesics and Antipyretics	issue
Feiba VH	Anti-inhibitor coagulant complex	Formulary	Approved for hemophilic patients	AHFS 20:12.16 Hemostatics	medline
Fentanyl	Duragesic	Restricted Formulary: Patches and injectable	Patches are approved for palliative care only Injectable is approved for procedures only Refer to Opiate Management Protocol for	AHFS 28:08.08 Opiate Agonists Controlled Substance C-II	Inpatient use only

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			prescribing guidelines		
Feosol	Ferrous sulfate	Formulary		AHFS 20:04.04 Iron Preparations	issue
Fergon	Ferrous gluconate	Formulary		AHFS 20:04.04 Iron Preparations	issue
Ferlecit	Sodium ferric gluconate complex	Restricted Formulary	Approved for dialysis patients only	AHFS Iron Preparations	medline
Ferrous gluconate	Fergon	Formulary		AHFS 20:04.04 Iron Preparations	issue
Ferrous sulfate	Feosol	Formulary		AHFS 20:04.04 Iron Preparations	issue
Fibercon	Calcium polycarbophil	Restricted Formulary:	OTC item, Requires approval by facility medical director or pharmacy supervisor. Approved for IBS, diverticulitis, or medication induced constipation (must document causative medication). First line bulk forming laxative.	AHFS 56:12 Cathartics and Laxatives	Issue
Filgrastim	Neupogen	Formulary		AHFS 20:16 Hematopoietic Agents	medline
Finasteride	Proscar	Restricted Formulary	Approved for BPH only after failure of doxazosin monotherapy	AHFS 92:00 5-Alpha reductase inhibitor	issue
Flagyl, MetroGel Vaginal	Metronidazole	Formulary		AHFS 84:04.04 Topical Antibacterials AHFS 8:30.92 Miscellaneous Antiprotozoals	issue
Fleets enema	Sodium phosphate/ sodium biphosphate	Formulary		AHFS 56:12 Cathartics and laxatives	issue
Flexeril	Cyclobenzaprine	<i>Restricted Formulary</i>	Must fail Methocarbamol first. Treatment limited to 2 weeks, beyond that requires CRC approval (if written for more than once in a 3-month period then requires an FMD approval). Approved for spasticity due to multiple sclerosis or spinal cord injury and cerebral palsy.	AHFS 12:20 Skeletal Muscle Relaxants	medline
Flexible	Duoderm	Formulary		AHFS 84:36 Miscellaneous	medline

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
hydroactive dressing/ granules				skin and mucous membrane agents	
Flomax	Tamsulosin	Restricted Formulary	Approved after failure of doxazosin	AHFS 24:20 Alpha- Adrenergic Blocking Agents	issue
Flovent	Fluticasone	Formulary		AHFS 52:08 EENT Anti- inflammatory agents	Issue
Floxin	Ofloxacin ophthalmic 0.3% solution	Formulary: Ophthalmic Non-Formulary: Otic		AHFS 52:04 Anti-infectives	issue
Fluconazole	Diflucan	Formulary: Approved for invasive candidiasis and vaginal candidiasis. Restricted Formulary: All other indications		AHFS 8:14 Antifungals	issue
Flumazenil	Romazicon	Formulary		AHFS 92:00 Miscellaneous therapeutic agents	medline
Flunisolide	Nasarel, Aerobid-M	Restricted Formulary	Approved for the treatment of recurrent bacterial sinusitis or otitis media. Medical CRC must approve the use of nasal steroids for any other medical indications.	AHFS 52:08 EENT Anti- inflammatory agents	issue
Fluocinonide 0.5%	Lidex	Restricted Formulary	Approved if alternative therapies fail or contraindicated	AHFS 84:06 Topical anti- inflammatory agents	issue
Fluogen, Fluzone	Influenza virus vaccine	Restricted Formulary	Follow DOC Policy 670.000	AHFS 80:12 Vaccines	medline
Fluorescein ophthalmic strip	Fluorets	Formulary			medline
Fluorets	Fluorescein ophthalmic strip	Formulary			medline
Fluoride topical	PreviDent	Formulary		AHFS 92:00 Miscellaneous therapeutic agents	issue
Fluorouracil	Efudex	Formulary		AHFS 84:36 Miscellaneous Skin and Mucous Membrane Agents AHFS 10:00 Antineoplastic Agents	issue
Fluoxetine	Prozac	Formulary Non-Formulary: solution		AHFS 28:16.04 Antidepressants	issue
Fluphenazine and Decanoate	Prolixin and Decanoate	Formulary		AHFS 28:16.08.24 Phenothiazines	medline for trial period medline only for

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
					decanoate
Flurbiprofen	Ansaid	Restricted Formulary	Dental procedure only	AHFS 28:08.04 Nonsteroidal Anti-Inflammatory Agents	issue
Fluticasone	Flovent	Formulary Non-Formulary: Nasal Spray	Potential DDI with Protease Inhibitors significant risk of increased absorption of the steroid. If patient is on Protease Inhibitor please notify prescriber.	AHFS 52:08 EENT Anti-inflammatory agents	Issue
Fluticasone/salmeterol	Advair HFA	Formulary Non-Formulary: Diskus	Approved TI: Diskus to HFA	AHFS 12:12 Sympathomimetic agents AHFS 52:08 EENT Anti-inflammatory agents	issue
Fluvoxamine	Luvox	Restricted Formulary	Approved if alternative therapies fail or contraindicated	AHFS 28:16.04 Antidepressants	medline for trial period
Folic Acid	Folvite	Formulary		AHFS 88:08 Vitamin B Complex	issue
Folvite	Folic Acid	Formulary		AHFS 88:08 Vitamin B Complex	issue
Fortaz, Tazidime	Ceftazidime	Restricted Formulary	Approved based on C&S results and in discussion with a pharmacist (see formulary section VI.2)	AHFS 8:12.06 Cephalosporins	medline
Fosamax	Alendronate	Formulary		AHFS 92:00 Miscellaneous therapeutic agents	issue
Fosamprenavir	Lexiva	<i>Restricted Formulary</i>	Approved as continuation therapy or if alternative therapies fail. If therapy is initiated at DOC it requires approval by the DOC infection diseases specialist, Statewide Chief Medical Officer of Health Services, or Pharmacy Director	AHFS 8:18.08.20 Antiretrovirals	medline for a 14-day trial period and may be issued thereafter
Fungizone	Amphotericin B	Formulary Non-Formulary: Oral		AHFS 8:14 Antifungals	medline
Furosemide	Lasix	Formulary		AHFS 40:28 Diuretics	issue
Fuzeon (injection)	Enfuvirtide (injection)	Restricted Formulary	Approved as continuation therapy. If therapy is initiated at DOC it requires approval by the DOC infection diseases specialist, Statewide Chief Medical Officer of Health	AHFS 8:18.08.04 HIV Fusion Inhibitors	medline only

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			Services, or Pharmacy Director.		
Gabapentin	Neurontin	Restricted Formulary	Approved for treatment of peripheral neuropathic pain after failure of two first line agents. Not to exceed 2400mg/day.	AHFS 28:12.92 Anticonvulsants Misc	Medline only
Garamycin	Gentamicin sulfate	Formulary		AHFS 8:12.02 Aminoglycosides	Issue topical
Gaviscon	Aluminum/Magnesium /Sodium bicarbonate & Algenic acid	Restricted Formulary: Requires approval by facility medical director or pharmacy supervisor.		AHFS 56:04 Antacids and adsorbents	issue
Gemfibrozil	Lopid	Formulary		AHFS 24:06 Anti-lipidemic agents	issue
Gentamicin sulfate	Garamycin	Formulary		AHFS 8:12.02 Aminoglycosides	Issue topical
Gentran	Dextran	Formulary		AHFS 40:12 Replacement preparations	medline
Geodon	Ziprasidone	Formulary Non-Formulary: Simultaneous use of more than two atypicals, off label and/or PRN use	Should be initiated and followed by a psychiatric practitioner or MD	AHFS 28:16.08.04 Atypical Antipsychotics	issue
Glipizide	Glucotrol	Formulary Non-Formulary: XL		AHFS 68:20.20 Sulfonyleureas	issue
GlucaGen	Glucagon	Formulary		AHFS 68:20.92 Miscellaneous anti-diabetic agents	medline
Glucagon	GlucaGen	Formulary		AHFS 68:20.92 Miscellaneous anti-diabetic agents	medline
Glucophage	Metformin	Formulary		AHFS 68:20.04 Biguanides	issue
Glucose tablets	Insta-Glucose	Restricted Formulary	Pharmacist or nursing staff (depending on how the facility supplies glucose tablets) must notify the prescriber if they provide more than 10 tablets per month. Prescriptions for more than 10 glucose tablets per month require FMD or Pharmacist Supervisor approval.	AHFS 40:20 Caloric agents	issue

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Glucotrol	Glipizide	Formulary Non-Formulary: XL		AHFS 68:20.20 Sulfonylureas	issue
Glyburide	Micronase	Formulary		AHFS 68:20.20 Sulfonylureas	issue
Glycerin / benzocaine/ antipyrine Otic	Auralgan Otic	Formulary		AHFS 52:16 EENT Local Anesthetics	issue
Golytely	Polyethylene glycol electrolyte solution	Restricted Formulary	Approved for GI prep only	AHFS 56:12 Cathartics and laxatives	issue
Grafco	Silver Nitrate	Formulary		AHFS 52:04.92 Miscellaneous Anti-infectives	medline
Haldol	Haloperidol and Decanoate	Formulary		AHFS 28:16.08.08 Butyrophenones	medline
Haloperidol and Decanoate	Haldol	Formulary		AHFS 28:16.08.08 Butyrophenones	medline
Havirix	Hepatitis A virus vaccine	Restricted Formulary	Follow DOC Policy 670.000	AHFS 80:12 Vaccines	medline
H-BIG	Hepatitis B Immune Globulin	Formulary		AHFS 80:04 Serums	medline
Heparin	Heparin	Formulary		AHFS 20:12.04 Anticoagulants	medline
Hepatitis A inactivated/ Hepatitis B recombinant vaccine	Twinrix	Restricted Formulary	Follow DOC Policy 670.000	AHFS 80:12 Vaccines	medline
Hepatitis A virus vaccine	Havirix	Restricted Formulary	Follow DOC Policy 670.000	AHFS 80:12 Vaccines	medline
Hepatitis B Immune Globulin	H-BIG	Formulary		AHFS 80:04 Serums	medline
Hepatitis B virus vaccine recombinant	Engerix-B, Recombivax-HB	Restricted Formulary	Follow DOC Policy 670.000	AHFS 80:12 Vaccines	medline
Hibiclens, Hibistat, Peridex	Chlorhexidine gluconate	Restricted Formulary: Non-Formulary: Other use of skin topical.	Approved for dental solution use & must be prescribed by a DOC dentist or procedure preparation as surgical scrub.	AHFS 84:04.16 Miscellaneous local anti-infectives	issue
Homatropine ophthalmic	Isopto- Homatropine	Formulary		AHFS 52:24 Mydriatics	issue
Humira	Adalimumab	Restricted Formulary	Requires approval of specialist assessment and recommendation before or after admission to DOC	AHFS 92:00 MISC	medline

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Hydralazine	Apresoline	Formulary		AHFS 24:08.20 Direct Vasodilators	issue
Hydrea	Hydroxyurea	Formulary		AHFS 10:00 Antineoplastic agents	issue
Hydrochlorothiazide	HydroDiuril	Formulary		AHFS 40:28 Diuretics	issue
Hydrochlorothiazide\ triamterene	Maxzide, Dyazide	Formulary		AHFS 40:28.10 Potassium sparing diuretics	issue
Hydrocortisone HCL	Anusol-HC, Cortenema	Formulary: Prescription strength Restricted Formulary: OTC Strength	OTC item, Requires approval by facility medical director or pharmacy supervisor.	AHFS 84:06 Topical anti-inflammatory agents	issue
HydroDiuril	Hydrochlorothiazide	Formulary		AHFS 40:28 Diuretics	issue
Hydromorphone	Dilaudid	Restricted Formulary	Refer to Opiate Management Protocol for prescribing guidelines	AHFS 28:08.08 Opiate Agonists Controlled Substance C-II	Medline Only
Hydrophilic cream	Eucerin	Restricted Formulary: Non-Formulary: Dry skin (not including diabetic patients)	OTC item, Requires approval by facility medical director or pharmacy supervisor.	AHFS 84:24 Emollients, demulcents, and protectant	issue
Hydrophilic Ointment	Aquaphor	Restricted Formulary: Non-Formulary: Dry skin (not including diabetic patients)	OTC item, Requires approval by facility medical director or pharmacy supervisor.	AHFS 84:24 Emollients, demulcents, and protectant	issue
Hydroxychloroquine	Plaquenil	Restricted Formulary	Regular ophthalmic exams required	AHFS 8:20 Anti-malarial agents	issue
Hydroxyurea	Hydrea	Formulary		AHFS 10:00 Antineoplastic agents	issue
Hydroxyzine	Vistaril or Atarax	Formulary		AHFS 28:24.92 Miscellaneous anxiolytics, sedatives, and hypnotics	medline
Hyoscyamine / benzoic acid / atropine/ methenamine/ methylene blue/ phenyl salicylate	Urised	Formulary		AHFS 12:08.08 Antimuscarinic/ antispasmodics	issue
Hyoscyamine sulfate	Levsin	Formulary		AHFS: 12:08.08 Antimuscarinics/ Antispasmodics	issue
Ibuprofen	Motrin	Restricted Formulary: All strength require approval by facility medical director or	Approved for acute pain (up to 5 days after initial injury), Hepatitis C treatment side effects, or	AHFS 28:08.04 Nonsteroidal Anti-Inflammatory Agents	issue

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
		pharmacy supervisor.	high fever ($\geq 101^{\circ}\text{F}$).		
Imdur	Isosorbide Mononitrate	Formulary		AHFS 24:12 Vasodilating agents	issue
Imipramine	Tofranil	Formulary		AHFS 28:16.04 Antidepressants	medline
Imitrex	Sumatriptan	Restricted Formulary: tablet form Non-Formulary: other dosage forms.	No more than 200mg per day-May issue up to 9 tablets per month.	AHFS 28:92 Miscellaneous Central Nervous System Agents	issue
Immune globulin	Venoglobulin	Formulary		AHFS 80:04 Serums	medline
Imodium	Loperamide	Formulary		AHFS 56:08 Anti-diarrhea agents	issue
Imuran	Azathioprine	Formulary		AHFS 92:00 Miscellaneous therapeutic agents (Immunosuppressive)	issue
Inderal	Propranolol	Formulary Restricted Formulary: LA	Long-acting form approved after trial of atenolol or metoprolol or stable level of propranolol	AHFS 24:24 Beta-Adrenergic Blocking Agents	issue
Indinavir	Crixivan	<i>Restricted Formulary</i>	Approved as continuation therapy or if alternative therapies fail. If therapy is initiated at DOC it requires approval by the DOC infection diseases specialist, Statewide Chief Medical Officer of Health Services, or Pharmacy Director	AHFS 8:18.08.08 Antiretrovirals	medline for a 14-day trial period and may be issued thereafter
Indocin	Indomethacin	Restricted Formulary	Approved for treatment of arthritis, gout, and by specialist recommendation.	AHFS 28:08.04 Nonsteroidal Anti-Inflammatory Agents	issue
Indomethacin	Indocin	Restricted Formulary	Approved for treatment of arthritis, gout, and by specialist recommendation.	AHFS 28:08.04 Nonsteroidal Anti-Inflammatory Agents	issue
Infliximab	Remicade	Restricted Formulary	Requires approval of specialist, FMD and Pharmacy Supervisor Adalimumab shall be trialed first unless contraindicated.	AHFS 92:00 MISC TNF Blocker	medline
Influenza virus vaccine	Fluogen or Fluzone	Restricted Formulary	Follow DOC Policy 670.000	AHFS 80:12 Vaccines	medline
INH, Nydrazi	Isoniazid	Formulary		AHFS 8:16 Antituberculosis agents	medline
Inhaler spacer	Aerochamber	Formulary			issue

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Insta-Glucose	Glucose tablets	Restricted Formulary	Pharmacist or nursing staff (depending on how the facility supplies glucose tablets) must notify the prescriber if they provide more than 10 tablets per month. Prescriptions for more than 10 glucose tablets per month require FMD or Pharmacist Supervisor approval.	AHFS 40:20 Caloric agents	issue
Insulin Aspart	NovoLog	Restricted Formulary	To obtain approval the patient must be unable to achieve glycemic control with the use of regular insulin. Or, who would otherwise be candidates for insulin pump therapy. The request for use must include documentation of multiple failed insulin regimens including type of insulin, dose, and timing, and A1C must be monitored.	AHFS 68:20.08 Insulins	medline
Insulin Glargine	Lantus	Restricted Formulary Non-Formulary: More than once a day	Approved for type 1 diabetics or type 2 diabetics with frequent hypoglycemic episodes while on intensive insulin therapy.	AHFS 68:20.08 Insulins	medline
Insulin,, NPH	Insulin NPH	Formulary		AHFS 68:20.08 Insulins	medline
Insulin,, Regular	Insulin Regular	Formulary		AHFS 68:20.08 Insulins	medline
Intal	Cromolyn sodium	Restricted Formulary	Approved if alternative therapies fail or contraindicated	AHFS 92:00 Miscellaneous therapeutic agents	issue
Interferon Alfa 2b	Intron A	Restricted Formulary	Only in conjunction with HepC protocol	AHFS: 8:18.20 Interferons	Medline
Interferon Beta 1a	Avonex	Restricted Formulary Non-Formulary: Rebif	Requires approval of specialist assessment and recommendation for the treatment of MS before or after admission to DOC Other Immunomodulators or immunosuppressant may be prescribed with the approval of FMD and Pharmacy Supervisor. These agents are not	AHFS 8:18:20 Interferons	Medline

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			subject to TI.		
Intron A	Interferon Alfa 2b	Restricted Formulary	Only in conjunction with HepC protocol	AHFS: 8:18.20 Interferons	medline
Invirase	Saquinavir	<i>Restricted Formulary</i>	Approved as continuation therapy or if alternative therapies fail. If therapy is initiated at DOC it requires approval by the DOC infection diseases specialist, Statewide Chief Medical Officer of Health Services, or Pharmacy Director.	AHFS 8:18.08.20 Antiretrovirals	medline for a 14-day trial period and may be issued thereafter
Ipecac Syrup	Ipecac Syrup	Formulary	Use only with recommendation from Poison Control Center.	AHFS 56:20 Emetics	issue
Ipratropium	Atrovent	Formulary		AHFS 12:08.08 Antimuscarinic/antispasmodic	issue
Ipratropium/Albuterol	Combivent	Formulary		AHFS 12:12 Sympathomimetic (adrenergic) agents AHFS 12:08.08 Antimuscarinic/antispasmodic	issue
Iron Sucrose	Venofer	Restricted Formulary	Approved for dialysis patients only	AHFS 20:04.04 Iron Preparations	medline
Isometheptene/Acetaminophen/Caffeine	Migraten	Formulary: Limit to a maximum of 20 per month with a stop date of no longer than 6 months.	Authorized TI 1:1 with APAP/dichlorophenazone /isomethepten (Midrin) Select least expensive of the two agents.	AHFS 28:08.92 Miscellaneous Analgesics and Antipyretics	issue
Isometheptene/Acetaminophen/Dichlorophenazone	Midrin	Restricted Formulary	Limit to a maximum of 20 per month 10 per fill with a stop date of no longer than 6 months. Authorized TI 1:1 with APAP/Caffeine/isomethepten (Migraten) Select least expensive of the two agents.	AHFS 28:08.92 Miscellaneous Analgesics and Antipyretics Controlled Substance C-IV	issue
Isoniazid	INH, Nydrazi	Formulary		AHFS 8:16 Antituberculosis agents	medline
Isopropyl Alcohol	Alcohol, isopropyl	Formulary		AHFS 96:00 Pharmaceutical aids	issue
Isopto-Homatropine	Homatropine ophthalmic	Formulary		AHFS 52:24 Mydriatics	issue
Isopto-Atropine	Atropine sulfate	Formulary		AHFS 52:24 Mydriatics	issue
Isopto-Carpine, Pilocar, Salagen	Pilocarpine ophthalmic	Formulary		AHFS 52:20 Miotics	issue

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
	solution				
Isordil, Sorbitrate	Isosorbide dinitrate	Formulary		AHFS 24:12 Vasodilating agents	issue
Isosorbide dinitrate	Isordil, Sorbitrate	Formulary		AHFS 24:12 Vasodilating agents	issue
Isosorbide Mononitrate	Imdur	Formulary		AHFS 24:12 Vasodilating agents	issue
Kaletra	Lopinavir/ Ritonavir	<i>Restricted Formulary</i>	Approved as continuation therapy or if alternative therapies fail. If therapy is initiated at DOC it requires approval by the DOC infection diseases specialist, Statewide Chief Medical Officer of Health Services, or Pharmacy Director	AHFS 8:18.08.08 Antiretrovirals	medline for a 14-day trial period and may be issued thereafter
Kayexalate	Sodium polystyrene sulfonate	Formulary	The order must indicate the K+ level	AHFS 40:18 Potassium removing resin	medline
K-Dur	Potassium chloride	Formulary		AHFS 40:12 Replacement preparations	issue
Keflex	Cephalexin	Formulary		AHFS 8:12.06 Cephalosporins	issue
Kenalog, Kenalog in Orabase, Aristospan, Nasacort, Azmacort, Aristocort ,	Triamcinolone	<i>Restricted Formulary:</i> Nasal form Non-Formulary: Topical strengths other than 0.1%	Approved for the treatment of recurrent bacterial sinusitis or otitis media.	AHFS 52:08 EENT Anti-inflammatory agents AHFS 84:06 Topical anti-inflammatory agents AHFS 68:04 Adrenals	issue
Ketoconazole	Nizoral	Formulary: Topical Non-Formulary: Oral		AHFS 84:04.08 Topical Antifungals AHFS 8:14 Antifungals	issue
Ketorolac	Toradol	Formulary. Restricted Formulary Non-Formulary: chronic pain.	Approved for severe acute pain for up to 5 consecutive days Ophthalmic approved for: treatment of Allergic conjunctivitis, myalgia, ocular pain, ocular pruritus, and postoperative ocular inflammation Tablets approved for : treatment of Nephrolithiasis	AHFS 28:08.04 Nonsteroidal Anti-Inflammatory Agents AHFS 52:00 Eye, Ear, Nose, and Throat (EENT) preparations	medline
Klonopin	Clonazepam	Restricted Formulary Non-Formulary: Seizure control	Routine psychiatric doses should not exceed 4mg per day	AHFS 28:12.08 Anticonvulsants: Benzodiazepines Controlled Substances C-IV	Medline Only
Lacri-Lube	Ophthalmic lubricant	Formulary		AHFS 52:36 Miscellaneous EENT Drugs	issue

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Lactaid	Lactase enzyme	Restricted Formulary	OTC item, requires approval by facility medical director or pharmacy supervisor.	AHFS 44:00 Enzymes	issue
Lactase enzyme	Lactaid	Restricted Formulary:	OTC item, Requires approval by facility medical director or pharmacy supervisor.	AHFS 44:00 Enzymes	issue
Lactated Ringer's	Lactated Ringer's	Formulary		AHFS 40:36 Irrigating solutions	medline
Lactulose	Cephulac	Restricted Formulary	Approved for use in patients with hepatic encephalopathy only	AHFS 40:10 Ammonia Detoxicants	issue
Labetalol	Trandate	Restricted Formulary	Approved for pregnant women with HTN	AHFS 24:24 Beta-Adrenergic Blocking Agents	issue
Lamictal	Lamotrigine	Restricted Formulary Non-Formulary: Chewable tablets	Approved for psychiatric use or seizure disorders only if there is documented failure of Formulary medications	AHFS 28:12.92 Miscellaneous anticonvulsants	medline
Lamisil	Terbinafine	Restricted Formulary: Topical Non-Formulary: Oral	Approved for patients with HIV and diabetics only	AFSH 8:14 Antifungals	issue
Lamivudine	Epivir	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC it requires approval by the DOC infection diseases specialist, Statewide Chief Medical Officer of Health Services, or Pharmacy Director.	AHFS: 8:18.08.20 Nucleoside Reverse Transcriptase Inhibitors (NRTs)	medline for a 14-day trial period and may be issued thereafter
Lamivudine / Abacavir	Epzicom	<i>Restricted Formulary</i>	Approved as continuation therapy or if alternative therapies fail. If therapy is initiated at DOC it requires approval by the DOC infection diseases specialist, Statewide Chief Medical Officer of Health Services, or Pharmacy Director.	AHFS 8:18.08.20 Antiretrovirals	medline for a 14-day trial period and may be issued thereafter
Lamivudine/ Zidovudine	Combivir	<i>Restricted Formulary: only as individual item</i> <i>Non-Formulary: Combivir Brand</i>	Pharmacy will dispense as separate medications Approved as continuation therapy. If therapy is initiated at DOC it requires approval by the DOC infection diseases specialist, Statewide Chief Medical	AHFS: 8:18.08.20 Nucleoside Reverse Transcriptase Inhibitors (NRTs)	medline for a 14-day trial period and may be issued thereafter

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			Officer of Health Services, or Pharmacy Director.		
Lamivudine/ Abacavir/ Zidovudine	Trizivir	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC it requires approval by the DOC infection diseases specialist, Statewide Chief Medical Officer of Health Services, or Pharmacy Director.	AHFS: 8:18.08.20 Nucleoside Reverse Transcriptase Inhibitors (NRTs)	medline for a 14-day trial period and may be issued thereafter
Lamotrigine	Lamictal	Restricted Formulary Non-Formulary: Chewable tablets	Approved for psychiatric use or seizure disorders only if there is documented failure of Formulary medications	AHFS 28:12.92 Miscellaneous anticonvulsants	medline
Lanoxin	Digoxin	Formulary		AHFS 24:04.08 Cardiotonic Agents	issue
Lantus	Insulin Glargine	Restricted Formulary Non-Formulary: More than once a day	Approved for type 1 diabetics or type 2 diabetics with frequent hypoglycemic episodes while on intensive insulin therapy.	AHFS 68:20.08 Insulins	medline
Lasix	Furosemide	Formulary		AHFS 40:28 Diuretics	issue
Latanoprost	Xalatan	Formulary		AHFS 52:36 Miscellaneous EENT agents	issue
Levaquin	Levofloxacin	Formulary: intravenous Solutions Restricted Formulary: Tablets	Tablets are approved for transition from Intravenous therapy or pneumonia	AHFS 8:12.18 Quinolones	issue
Levodopa/ Carbidopa	Sinemet	Restricted Formulary:	Approved for Restless Leg Syndrome after therapy approved by CRC	AHFS 28:92 Miscellaneous Central Nervous System Agents	issue
Levofloxacin	Levaquin	Formulary: intravenous Solutions Restricted Formulary: Tablets	Tablets are approved for transition from Intravenous therapy or pneumonia	AHFS 8:12.18 Quinolones	issue
Levothyroxine	Synthroid or Levothroid	Formulary		AHFS 68:36.04 Thyroid agents	issue
Levsin	hyoscyamine sulfate	Formulary		AHFS: 12:08.08 Antimuscarinics/ Antispasmodics	issue
Lexiva	Fosamprenavir	<i>Restricted Formulary</i>	Approved as continuation therapy or if alternative therapies fail. If therapy is initiated at DOC it requires approval by the DOC infection diseases specialist,	AHFS 8:18.08.20 Antiretrovirals	medline for trial period

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			Statewide Chief Medical Officer of Health Services, or Pharmacy Director.		
Librium	Chlordiazepoxide	Formulary		AHFS 28:24.08 Benzodiazepines Controlled Substance C-IV	Medline Only
Lidex	Fluocinonide 0.5%	Restricted Formulary	Approved if alternative therapies fail or contraindicated	AHFS 84:06 Topical anti-inflammatory agents	issue
Lidocaine	Xylocaine, Xylocaine/Epi.	Formulary	Not approved for antiarrhythmic treatment	AHFS 72:00 Local anesthetics	issue topical
Lioresal	Baclofen	<i>Restricted Formulary</i>	Treatment limited to 2 weeks, beyond that requires CRC approval (if written for more than once in a 3-month period then requires an FMD approval). Approved for spasticity due to multiple sclerosis or spinal cord injury and cerebral palsy.	AHFS 12:20 Skeletal Muscle Relaxants	medline
Liothyronine	Cytomel	Restricted Formulary	Approved for psychiatric patients only	AHFS 68:36.04 Thyroid agents	issue
Lisinopril	Zestril, Prinivil	Formulary		AHFS 24:32.04 Angiotensin-Converting Enzyme Inhibitors	issue
Lithium carbonate	Lithobid, Eskalith	Formulary Restricted Formulary; Liquid	Should be initiated and followed by a psychiatric practitioner or MD.	AHFS 28:28 Anti-manic agents	medline
Lithobid, Eskalith	Lithium carbonate	Formulary Restricted Formulary; Liquid	Should be initiated and followed by a psychiatric practitioner or MD.	AHFS 28:28 Anti-manic agents	medline
Lodine	Etodolac	Restricted Formulary Non-Formulary: Extended release	Approved for arthritis and dental use only	AHFS 28:08.04 Nonsteroidal Anti-Inflammatory Agents	issue
Loperamide	Imodium	Formulary		AHFS 56:08 Anti-diarrhea agents	issue
Lopid	Gemfibrozil	Formulary		AHFS 24:06 Anti-lipidemic agents	issue
Lopinavir/Ritonavir	Kaletra	<i>Restricted Formulary</i>	Approved as continuation therapy or if alternative therapies fail. If therapy is initiated at DOC it requires approval by the DOC infection diseases specialist, Statewide Chief Medical Officer of Health Services, or Pharmacy Director.	AHFS 8:18.08.08 Antiretrovirals	medline for a 14-day trial period and may be issued thereafter

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Lopressor	Metoprolol	Formulary Restricted Formulary: XL	Approved to use XL in patient with the history of CHF or cardiomyopathy	AHFS 24:24 Beta-Adrenergic Blocking Agents	issue
Loratadine	Claritin	Restricted Formulary:	OTC item, Requires approval by facility medical director or pharmacy supervisor.	AHFS 4:08 Antihistamine Drugs	issue
Lorazepam	Ativan	Formulary		AHFS 28:24.08 Benzodiazepines Controlled Substance C-IV	Medline Only
Losartan	Cozaar	Restricted Formulary	Must have tried and fail, or have a clinically documented intolerance to an ACEI.	AHFS 24:32.08 Angiotensin II Receptor Antagonists	issue
Lotensin	Benazepril	Formulary		AHFS 24:32.04 Angiotensin-Converting Enzyme Inhibitors	issue
Lovenox	Enoxaparin	Restricted Formulary	Approved if alternative therapies fail or contraindicated	AHFS 20:12.04 Anticoagulants	medline
Loxapine	Loxitane	Restricted Formulary	Approved if alternative therapies fail or contraindicated	AHFS 28:16.08.92 Miscellaneous Antipsychotics	medline
Loxitane	Loxapine	Restricted Formulary	Approved if alternative therapies fail or contraindicated	AHFS 28:16.08.92 Miscellaneous Antipsychotics	medline
Luminol	Phenobarbital	Formulary		AHFS 28:24.04 Barbiturates Controlled Substance C-IV	Medline Only
Luvox	Fluvoxamine	Restricted Formulary	Approved if alternative therapies fail or contraindicated	AHFS 28:16.04 Antidepressants	medline for trial period
Maalox	Aluminum & magnesium hydroxide	Restricted Formulary: Requires approval by facility medical director or pharmacy supervisor.		AHFS 56:04 Antacids and adsorbents	issue
Macrochantin	Nitrofurantoin	Formulary		AHFS 8:36 Urinary Anti-infectives	issue
Magnesium Citrate	Magnesium Citrate	Restricted Formulary	Approved for procedures only	AHFS 56:12 Cathartics and laxatives	medline
Magnesium Hydroxide	Milk of Magnesia	Formulary		AHFS 56:04 Antacids and adsorbents	issue
Magnesium & Aluminum hydroxide	Maalox	Restricted Formulary: Requires approval by facility medical director or pharmacy supervisor.		AHFS 56:04 Antacids and adsorbents	issue

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Magnesium/Aluminum/Sodium bicarbonate & Algenic acid	Gaviscon	Restricted Formulary: Requires approval by facility medical director or pharmacy supervisor.		AHFS 56:04 Antacids and adsorbents	issue
Major-Gesic Aceta-Gesic,	Acetaminophen/ Phenyltoloxamine citrate	Restricted Formulary: Requires approval by facility medical director or pharmacy supervisor.		AHFS 28:08 Miscellaneous Analgesics and Antipyretics	issue
Malathion	Ovide	Restricted Formulary	Must fail first line agent	AHFS 84:04.12 Scabicides and Pediculides	issue
Marcaine with & without epi	Bupivacaine	Formulary		AHFS 72:00 Local Anesthetics	medline
Matulane	Procarbazine	Formulary		AHFS 10:00 Antineoplastic agents	issue
Maxitrol	Neomycin/ Polymyxin B/ Dexamethasone	Restricted Formulary: ophthalmic only		AHFS 52:04.04 Antibacterials	issue
Maxzide, Dyazide	Hydrochlorothiazide / Triamterene	Formulary		AHFS 40:28.10 Potassium sparing diuretics	issue
Mebendazole	Vermox	Formulary		AHFS 8:08 Anthelmintics	issue
Meclizine	Antivert	Formulary		AHFS 56:22 Anti-emetics	issue
Medrol dose pack, Depo-Medrol, Solu-Medrol	Methylprednisolone	Formulary		AHFS 68:04 Adrenals	issue
Medroxyprogesterone	Provera	Restricted Formulary	Approved for dysmenorrhea, amenorrhea, endometriosis, ovarian cyst, abnormal uterine bleeding and part of the SOTP program. CRC approval required for all hormonal therapy by patients to maintain secondary sexual characteristics upon admission into the DOC.	AHFS 68:32 Progestins	issue
Mefoxin	Cefoxitin sodium	Restricted Formulary	Approved based on C&S results and in discussion with a pharmacist (see formulary section VI.2)	AHFS 8:12.06 Cephalosporins	medline
Mephyton, Aqua-Mephyton	Phytonadione (Vitamin K-1)	Formulary		AHFS 88:24 Vitamin K activity	medline
Mesalamine	Rowasa, Asacol	Restricted Formulary	Approved if alternative therapies fail or contraindicated.	AHFS 56:36 Anti-inflammatory Agents	issue

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Mestinon	Pyridostigmine	Formulary		AHFS 12:04 Parasympathomimetic (cholinergic) agents	issue
Metamucil Sugar Free Only	Psyllium Sugar Free Only	Restricted Formulary: Requires approval by facility medical director or pharmacy supervisor if failed Calcium polycarbophil	Approved for IBS, diverticulitis, or medication induced constipation (must document causative medication). Approved TI to calcium polycarbophil	AHFS 56:12 Cathartics and Laxatives	issue
Metformin	Glucophage	Formulary		AHFS 68:20.04 Biguanides	issue
Methadone	Dolophene	Restricted Formulary	Approved only for pain control. Refer to Opiate Management Protocol for prescribing guidelines	AHFS 28:08.08 Opiate agonists Controlled Substance C-II	Medline Only
Methenamine/ Atropine/Benzoic acid/ Hyoscyamine/ Methylene blue & Phenyl salicylate	Urised	Formulary		AHFS 12:08.08 Antimuscarinic/ antispasmodics	issue
Methimazole	Tapazole	Formulary		AHFS 68:36.08 Anti-thyroid Agents	issue
Methocarbamol	Robaxin	Restricted Formulary	Treatment limited to 2 weeks, beyond that requires CRC approval (if written for more than once in a 3-month period then requires an FMD approval). Approved for spasticity due to multiple sclerosis or spinal cord injury and cerebral palsy.	AHFS 12:20 Skeletal Muscle Relaxants	medline
Methotrexate	Trexall	Formulary		AHFS 10:00 Antineoplastic agents	issue
Methylene blue / Hyoscyamine / Benzoic acid / Atropine / Methenamine & Phenyl salicylate	Urised	Formulary		AHFS 12:08.08 Antimuscarinic/ antispasmodics	issue
Methylprednisolone	Depo-Medrol , Solu-Medrol, Medrol dose pack	Formulary		AHFS 68:04 Adrenals	issue

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Metolazone	Zaroxolyn	Restricted Formulary	If creatinine clearance less than 30 or serum creatinine is greater than 2	AHFS 40:28 Diuretics	issue
Metoclopramide	Reglan	Formulary		AHFS 56:32 Prokinetic Agents	issue
Metoprolol	Lopressor	Formulary Restricted Formulary: XL	Approved to use XL in patient with the history of CHF or cardiomyopathy	AHFS 24:24 Beta-Adrenergic Blocking Agents	issue
MetroGel Vaginal, Flagyl	Metronidazole	Formulary		AHFS 84:04.04 Topical Antibacterials AHFS 8:30.92 Miscellaneous Antiprotozoals	issue
Metronidazole	Flagyl, MetroGel Vaginal	Formulary		AHFS 84:04.04 Topical Antibacterials AHFS 8:30.92 Miscellaneous Antiprotozoals	issue
Miconazole	Monistat	Restricted Formulary Non-Formulary: Oral	Requires approval by facility medical director or pharmacy supervisor.	AHFS 84:04.08 Topical antifungal	issue
Micronase	Glyburide	Formulary		AHFS 68:20.20 Sulfonylureas	issue
Midazolam	Versed	Restricted Formulary	Approved for procedures only	AHFS 28:24.08 Benzodiazepines Controlled Substance C-IV	Medline Only
Midrin	Isometheptene/Acetaminophen/Dichlorophenazone	Restricted Formulary:	Limit to a maximum of 20 per month 10 per fill with a stop date of no longer than 6 months. Authorized TI 1:1 with APAP/Caffeine/isomethepten (Migraten) Select least expensive of the two agents.	AHFS 28:08.92 Miscellaneous Analgesics and Antipyretics Controlled Substance C-IV	issue
Migraten	Isometheptene/Acetaminophen/Caffeine	Restricted Formulary:	Limit to a maximum of 20 per month 10 per fill. Authorized TI 1:1 with APAP/dichlorophenazone/isomethepten (Midrin) Select least expensive of the two agents.	AHFS 28:08.92 Miscellaneous Analgesics and Antipyretics	issue
Milk of Magnesia	Magnesium Hydroxide	Formulary		AHFS 56:04 Antacids and adsorbents	issue
Mineral oil	Mineral oil	Restricted Formulary Non-Formulary: Topical use	Approved as a laxative-for dialysis patients and inpatients	AHFS 56:12 Cathartics and laxatives	issue
Minipress	Prazosin	Formulary		AHFS 24:20 Alpha-Adrenergic Blocking Agents	issue
Mirapex	Pramipexole	Restricted Formulary	Approved for Parkinson and Dialysis patients with	AHFS 28:92 Miscellaneous Central Nervous System	issue

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			RLS Treatment of RLS for non-dialysis patients requires CRC approval	Agents	
Mirtazapine	Remeron	Formulary		AHFS 28:16:04 Anti-depressants	medline for trial period
MMR-II	Mumps/ measles & rubella vaccine	Restricted Formulary	Follow DOC Policy 670.000	AHFS 80:12 Vaccines	medline
Monarch Factor VIII	Antihemophilic Factor	Formulary	Approved for hemophilic patients	AHFS 20:12.16 Hemostatics	medline
Monistat	Miconazole	Restricted Formulary Non-Formulary: Oral	Requires approval by facility medical director or pharmacy supervisor.	AHFS 84:04.08 Topical antifungal	issue
Montelukast	Singulair	Restricted Formulary	Approved if alternative therapies fail or contraindicated or for moderate to severe asthma as adjunctive therapy.	AHFS 92:00 Miscellaneous therapeutic agents	issue
Morphine sulfate	Duramorph, MS Contin	Restricted Formulary	Refer to Opiate Management Protocol for prescribing guidelines	AHFS 28:08:08 Opiate agonists Controlled Substance C-II	Medline Only
Motrin	Ibuprofen	Restricted Formulary: All strength require approval by facility medical director or pharmacy supervisor.	Approved for acute pain (up to 5 days after initial injury), Hepatitis C treatment side effects, or high fever ($\geq 101^{\circ}\text{F}$).	AHFS 28:08.04 Nonsteroidal Anti-Inflammatory Agents	issue
MS Contin, Duramorph	Morphine sulfate	Restricted Formulary	Refer to Opiate Management Protocol for prescribing guidelines	AHFS 28:08:08 Opiate agonists Controlled Substance C-II	Medline Only
Mucomyst	Acetylcysteine	Formulary		AHFS 48:24 Mucolytic agents	issue
Multivitamins with Folic Acid	Prenatal Rx	Restricted Formulary	Approved for pregnant patients only	AHFS 88:28 Dietary supplement	issue
Multivitamins with no iron	MVI with no Fe	Restricted Formulary:	OTC item, Requires approval by facility medical director or pharmacy supervisor.	AHFS 88:28 Dietary supplement	issue
Mumps virus vaccine	Mumpsvox	Restricted Formulary	Follow DOC Policy 670.000	AHFS 80:12 Vaccines	medline
Mumps, Measles, & Rubella vaccine	MMR-II	Restricted Formulary	Follow DOC Policy 670.000	AHFS 80:12 Vaccines	medline
Mumpsvox	Mumps virus vaccine	Restricted Formulary	Follow DOC Policy 670.000	AHFS 80:12 Vaccines	medline
Mupirocin	Bactroban	Restricted Formulary:	Approved if alternative	AHFS 84:04.04 Topical	issue

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
		Non-Formulary: nasal form	therapies fail or contraindicated.	Antibacterials	
MVI with no Fe	Multivitamins with no iron	Restricted Formulary:	OTC item, Requires approval by facility medical director or pharmacy supervisor.	AHFS 88:28 Dietary supplement	issue
Myambutol	Ethambutol	Formulary		AHFS 8:16 Antituberculosis agents	medline
Mycelex	Clotrimazole	Restricted Formulary: Non-Formulary: Oral	OTC item, Requires approval by facility medical director or pharmacy supervisor. Approved for yeast infection (emergency use only).	AHFS 8:14 Antifungals	issue
Mycifradin	Neomycin Sulfate	Formulary: Oral Non-Formulary: Other dosage forms		AHFS 8:12.02 Aminoglycosides	issue
Mycostatin	Nystatin	Formulary: Topical. Non-Formulary: Oral.		AHFS 8:14 Antifungals	issue
Mydral	Tropicamide	Restricted Formulary	For procedures only	AHFS: 52:24 Mydriatic	Floor stock
Mylicon	Simethicone	Restricted Formulary:	OTC item, Requires approval by facility medical director or pharmacy supervisor.	AHFS 56:10 Antiflatulents	issue
Naloxone	Narcan	Formulary		AHFS 28:10 Opiate antagonists	medline
Naphazoline	Clear-Eyes	Restricted Formulary: Requires approval by facility medical director or pharmacy supervisor.		AHFS 52:32 Vasoconstrictors	issue
Naphazoline/ Pheniramine	Visine A	Restricted Formulary:	OTC item, Requires approval by facility medical director or pharmacy supervisor.	AHFS 52:32 Vasoconstrictors	issue
Naproxen	Anaprox	Restricted Formulary: All strengths require approval by facility medical director or pharmacy supervisor.	Approved for acute pain (up to 5 days after initial injury), Hepatitis C treatment side effects, or high fever ($\geq 101^{\circ}\text{F}$).	AHFS 28:08 Nonsteroidal anti-inflammatory agents	issue
Narcan	Naloxone	Formulary		AHFS 28:10 Opiate antagonists	medline
Nasacort, Azmacort, Aristocort, Kenalog, Kenalog in Orabase, Aristospan	Triamcinolone	<i>Restricted Formulary:</i> Nasal form Non-Formulary: Topical strengths other than 0.1%	Approved for the treatment of recurrent bacterial sinusitis or otitis media.	AHFS 52:08 EENT Anti-inflammatory agents AHFS 84:06 Topical anti-inflammatory agents AHFS 68:04 Adrenals	issue
Nasarel,	Flunisolide	Formulary		AHFS 52:08 EENT Anti-	issue

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Aerobid-M				inflammatory agents	
Navane	Thiothixene	Restricted Formulary	Approved if alternative therapies fail or contraindicated	AHFS 28:16.08.32 Thioxanthenes	medline
Nefazodone	Serzone	Formulary		AHFS 28:16.04 Antidepressants	issue
Nelfinavir	Viracept	<i>Restricted Formulary</i>	Approved as continuation therapy or if alternative therapies fail. If therapy is initiated at DOC it requires approval by the DOC infection diseases specialist, Statewide Chief Medical Officer of Health Services, or Pharmacy Director.	AHFS 8:18.08.20 Antiretrovirals	medline for a 14-day trial period and may be issued thereafter
Neomycin Sulfate	Mycifradin	Formulary: Oral Non-Formulary: Other dosage forms		AHFS 8:12.02 Aminoglycosides	issue
Neomycin, Polymyxin B, Bacitracin	Triple Antibiotic, Neosporin	Restricted Formulary: Requires approval by facility medical director or pharmacy supervisor.		AHFS 84:04.04 Topical Antibacterials	issue
Neomycin/ Polymyxin B/ Dexamethasone	Maxitrol	Restricted Formulary: ophthalmic only		AHFS 52:04.04 Antibacterials	issue
Neomycin/ Polymyxin B/ Hydrocortisone	Cortisporin	Formulary: Otic Non-Formulary: Other dosage forms		AHFS 52:04.04 Antibacterials	issue
Neoral or Sandimmune	Cyclosporine	Formulary Non-Formulary: Ophthalmic		AHFS 92:00 Unclassified therapeutic	issue
Neosporin, Triple Antibiotic	Bacitracin, Polymyxin B, Neomycin	Restricted Formulary: Requires approval by facility medical director or pharmacy supervisor.		AHFS 84:04.04 Topical Antibacterials	issue
Nephrovite, Nephrocap	Vitamin B complex	Restricted Formulary	Approved for dialysis patients only	AHFS 88:08 Vitamin B Complex	issue
Neupogen	Filgrastim	Formulary		AHFS 20:16 Hematopoietic Agents	medline
Neurontin	Gabapentin	Restricted Formulary	Approved for treatment of peripheral neuropathic pain after failure of two first line agents. Not to exceed 2400mg/day.	AHFS 28:12.92 Anticonvulsants Misc	Medline only
Nevirapine	Viramune	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC it requires approval	AHFS: 8:18.08.16 Non Nucleoside Reverse Transcriptase Inhibitors (NNRTs)	medline for a 14-day trial period and may be

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			by the DOC infection diseases specialist, Statewide Chief Medical Officer of Health Services, or Pharmacy Director.		issued thereafter
Niacin, Niacin SR	Niacin, Niaspan	Formulary		AHFS 88:08 Vitamin B complex AHFS 24:06 Antilipemic Agents	issue
Niaspan, Niacin	Niacin SR , Niacin,	Formulary		AHFS 88:08 Vitamin B complex AHFS 24:06 Antilipemic Agents	issue
Nifedipine	Adalat	Restricted Formulary	Approved for treatment of nephrolithiasis, Reynaud, Prinzmetal angina and failure with monotherapy to other first line hypertensive agents.	AHFS 24:28 Calcium-Channel Blocking Agents	issue
Nitro-Bid, Nitrodur Nitrostat	Nitroglycerin	Formulary Non-Formulary: Spray		AHFS 24:12 Vasodilating agents	issue
Nitrofurantoin	Macrochantin	Formulary		AHFS 8:36 Urinary Anti-infectives	issue
Nitroglycerin	Nitrostat or Nitro-Bid or Nitrodur	Formulary Non-Formulary: Spray		AHFS 24:12 Vasodilating agents	issue
Nitrostat, Nitro-Bid, Nitrodur	Nitroglycerin	Formulary Non-Formulary: Spray		AHFS 24:12 Vasodilating agents	issue
Nix, Acticin	Permethrin	Restricted Formulary	Not approved for prophylaxis treatment	AHFS 84:04.12 Scabicides and pediculicides	issue
Nizoral	Ketoconazole	Formulary: Topical Non-Formulary: Oral		AHFS 84:04.08 Topical Antifungals AHFS 8:14 Antifungals	issue
Nolvadex	Tamoxifen citrate	Formulary		AHFS 10:00 Antineoplastic agents	issue
Norethindrone/ Ethinyl Estradiol	Ortho-Novum 1/35, 7/7/7	Restricted Formulary	Approved for dysmenorrhea, amenorrhea, endometriosis, ovarian cyst, and abnormal uterine bleeding.	AHFS 68:12 Contraceptives	issue
Norgestimate/ Ethinyl Estradiol	Ortho-Tri-Cyclen	Restricted Formulary	Approved for dysmenorrhea, amenorrhea, endometriosis, ovarian cyst, and abnormal uterine bleeding.	AHFS 68:12 Contraceptives	issue
Norpramin	Desipramine	Formulary		AHFS 28:16.04 Antidepressants	medline

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Nortriptyline	Pamelor	Formulary		AHFS 28:16.04 Antidepressants	medline
Norvasc	Amlodipine	Formulary		AHFS 24:28 Calcium-Channel Blocking Agents	issue
Norvir	Ritonavir	<i>Restricted Formulary</i>	Approved as continuation therapy or if alternative therapies fail. If therapy is initiated at DOC it requires approval by the DOC infection diseases specialist, Statewide Chief Medical Officer of Health Services, or Pharmacy Director.	AHFS 8:18.08.08 Antiretrovirals	medline for a 14-day trial period and may be issued thereafter
NovoLog	Insulin Aspart	Restricted Formulary	To obtain approval the patient must be unable to achieve glycemic control with the use of regular insulin. Or, who would otherwise be candidates for insulin pump therapy. The request for use must include documentation of multiple failed insulin regimens including type of insulin, dose, and timing, and A1C must be monitored.	AHFS 68:20.08 Insulins	medline
Nydrazid, INH	Isoniazid	Formulary		AHFS 8:16 Antituberculosis agents	medline
Nystatin	Mycostatin	Formulary: Topical. Non-Formulary: Oral.		AHFS 8:14 Antifungals	issue
Ofloxacin ophthalmic 0.3% solution	Floxin	Formulary: Ophthalmic Non-Formulary: Otic		AHFS 52:04 Anti-infectives	issue
Olanzapine	Zyprexa, Zyprexa Zydis	Restricted Formulary Non-Formulary: hypnotic use, simultaneous use of more than two atypicals, off label and/or PRN use	Requires Psych CRC approval unless they have failed adequate trials of two first line agents. Should be initiated and followed by a psychiatric practitioner or MD	AHFS 28:16.08.04 Atypical Antipsychotics	medline
Olsalazine	Dipentum	Restricted Formulary	Approved if Sulfasalazine failure or allergy	AHFS 56:92 Miscellaneous GI drugs	issue
Omeprazole	Prilosec	Restricted Formulary	Approved for, recurrent active peptic/duodenal ulcers, GERD if failure of H2 blocker after 4 weeks, and as the first line agent for Bartlett's esophagus,	AHFS 56:28.36 Proton Pump Inhibitors	issue

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			EZ syndrome, H-Pylori, or if it is recommended by a GI specialist and for concomitant therapy in patients with chronic use of NSAIDS according to published guidelines posted in the AHRQ National Guideline Clearinghouse in regards to GI toxicity.		
Ondansetron	Zofran	Restricted Formulary	Approved for cancer patients or if alternative therapies fail or contraindicated	AHFS 56:22 Antiemetics	issue
Ophthalmic lubricant	Lacri-Lube	Formulary		AHFS 52:36 Miscellaneous EENT drugs	issue
Orabase	Benzocaine	Restricted Formulary:	OTC item, Requires approval by facility medical director or pharmacy supervisor.	AHFS 52:16 EENT Local Anesthetics	issue
Ortho-Novum 1/35, 7/7/7	Norethindrone/ Ethinyl Estradiol	Restricted Formulary	Approved for dysmenorrhea, amenorrhea, endometriosis, ovarian cyst, and abnormal uterine bleeding.	AHFS 68:12 Contraceptives	issue
Ortho-Tri-Cyclen	Norgestimate/ Ethinyl Estradiol	Restricted Formulary	Approved for dysmenorrhea, amenorrhea, endometriosis, ovarian cyst, and abnormal uterine bleeding.	AHFS 68:12 Contraceptives	issue
Oseltamivir	Tamiflu	Restricted Formulary	Approved for treatment of influenza or prophylactic treatment per DOC Guidelines or elderly patients, patients with immune deficiencies, or cellmates of those with confirmed cases.	AHFS 8:18:28 Antivirals	issue
Ovide	Malathion	Restricted Formulary:	Must fail first line agent	AHFS 84:04.12 Scabicides and Pediculides	issue
Oxacillin	Bactocill	Formulary		AHFS 8.12.16 Penicillins	medline
Oxcarbazepine	Trileptal	Restricted Formulary	Approved as adjunctive therapy for the treatment of seizure disorders or failure of first line agent used in psychiatric disorder	AHFS 28:12.92 Miscellaneous anticonvulsants	medline
Oxybutynin	Ditropan	Formulary		AHFS 86:12 Genitourinary smooth muscle relaxants	issue
Oxycodone	Roxicodone	Restricted Formulary Non-Formulary: combinations and	Refer to Opiate Management Protocol for	AHFS 28:08.08 Opiate agonists Controlled Substance C-II	Medline Only

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
		long-acting	prescribing guidelines		
Pancrease (all products)	Pancrelipase	Formulary	Pancreatic insufficiency products are not clinically interchangeable and are not considered bioequivalent by the FDA	AHFS 56:16 Digestants	issue
Pancrelipase (all products)	Pancrease	Formulary	Pancreatic insufficiency products are not clinically interchangeable and are not considered bioequivalent by the FDA	AHFS 56:16 Digestants	issue
Paricalcitol	Zemplar	Restricted Formulary	Approved for dialysis patients only	AHFS 88:16 Vitamin D	issue
Parnate	Tranlycypromine	Restricted Formulary	Approved if alternative therapy fail Should be initiated and followed by a psychiatric practitioner or MD	AHFS 28:16.04.12 Monoamine Oxidase Inhibitors	medline
Parcaine	Proparacaine	Restricted Formulary	For procedures only	AHFS: 52:16 Local Anesthetics	Floor stock
Paroxetine	Paxil	Formulary Non-Formulary: CR & Solution		AHFS 28:16.04 Antidepressants	issue
Paxil	Paroxetine	Formulary Non-Formulary: CR & Solution		AHFS 28:16.04 Antidepressants	issue
Pegasys	Peginterferon Alfa-2a	Restricted Formulary	Only in conjunction with HepC protocol	AHFS: 8:18.20 Interferons	medline
Peginterferon Alfa-2a	Pegasys	Restricted Formulary	Only in conjunction with HepC protocol	AHFS: 8:18.20 Interferons	medline
Pen VK	Penicillin V potassium	Formulary		AHFS 8:12.16 Penicillins	issue
Penicillin G benzathine	Bicillin LA	Formulary		AHFS 8:12.16 Penicillins	medline
Penicillin V potassium	Pen VK	Formulary		AHFS 8:12.16 Penicillins	issue
Pentoxifylline	Trental	Formulary		AHFS 20:24 Hemorrhologic Agents	issue
Pepto-Bismol	Bismuth subsalicylate	Restricted Formulary:	OTC item, Requires approval by facility medical director or pharmacy supervisor. Approved for H-Pylori regimen.	AHFS 56:08 Anti-diarrhea agents	issue
Peridex, Hibiclens,	Chlorhexidine	Restricted Formulary: Non-Formulary: Other	Approved for dental solution use & must be	AHFS 84:04.16 Miscellaneous	issue

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Hibistat	gluconate	use of skin topical.	prescribed by a DOC dentist or procedure preparation as surgical scrub.	local anti-infectives	
Periostat, Vibramycin	Doxycycline	Formulary		AHFS 8:12.24 Tetracyclines	issue
Peritoneal Dialysis Solutions	Dialyte	Restricted Formulary	Approved for dialysis patients only	AHFS 40:36 Irrigating solutions	medline
Permethrin	Nix or Acticin	Restricted Formulary	Not approved for prophylaxis treatment	AHFS 84:04.12 Scabicides and pediculicides	issue
Perphenazine	Trilafon	Formulary	Should be initiated and followed by a psychiatric practitioner or MD	AHFS 28:16.08.24 Phenothiazines	medline
Phenazopyridine	Pyridium	Formulary		AHFS 84:08 Anti-pruritics and local anesthetics	issue
Phenergan	Promethazine	Formulary		AHFS 28:24.92 Miscellaneous anxiolytics, sedatives, and hypnotics AHFS 4:04 Antihistamine drugs	issue
Pheniramine/ Naphazoline	Visine A	Restricted Formulary: Requires approval by facility medical director or pharmacy supervisor.		AHFS 52:32 Vasoconstrictors	issue
Phenobarbital	Luminol	Formulary		AHFS 28:24.04 Barbiturates Controlled Substance C-IV	Medline Only
Phenol/Camphor/ Eucalyptus in light Mineral Oil	Campho-Phenique	Restricted Formulary:	OTC item, Requires approval by facility medical director or pharmacy supervisor.		issue
Phenylephrine; Mineral Oil; Petrolatum; Shark Liver Oil	Preparation H	Restricted Formulary:	OTC item, Requires approval by facility medical director or pharmacy supervisor.	AHFS 12:12.04 Alpha Adrenergic Agonists	Issue
Phenyl salicylate / Methylene blue / Hyoscyamine / Benzoic acid / Atropine / Methenamine	Urised	Formulary		AHFS 12:08.08 Antimuscarinic/ antispasmodics	issue
Phenyltoloxamine citrate / Acetaminophen	Aceta-Gesic, Major-Gesic	Restricted Formulary: Requires approval by facility medical director or pharmacy supervisor.		AHFS 28:08 Miscellaneous Analgesics and Antipyretics	issue
Phenytoin	Dilantin	Formulary: Caps and tabs Restricted Formulary: Suspension Non-Formulary: Brand Dilantin except	Suspension approved if oral solid dose formulations are contraindicated. (Note: dose adjustment may be	AHFS 28:12.12 Anticonvulsants: hydantoins	medline

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
		50mg	required)		
PhosLo	Calcium acetate	Formulary		AHFS 92:00 Miscellaneous therapeutic agents	issue
Phytonadione (Vitamin K-1)	Mephyton, Aqua-Mephyton	Formulary		AHFS 88:24 Vitamin K activity	medline
Pilocarpine ophthalmic solution	Isopto-Carpine, Pilocar, Salagen	Formulary		AHFS 52:20 Miotics	issue
Pioglitazone	Actos	Restricted Formulary	Approved if alternative therapies fail or contraindicated	AHFS 68:20.28 Thiazolidinediones	issue
Piperacillin/ Tazobactam	Zosyn	Restricted Formulary	Approved based on C&S results and in discussion with a pharmacist (see formulary section VI.2)	AHFS 8:12.07 Miscellaneous beta lactam antibiotics	medline
Plaquenil	Hydroxychloroqui ne	Restricted Formulary	Regular ophthalmic exams required	AHFS 8:20 Anti-malarial agents	issue
Plasbumin	Albumin Human	Formulary		AHFS 16:00 Blood Derivatives	medline
Plavix	Clopidogrel	Formulary		AHFS 92:00 Miscellaneous therapeutic agents	issue
Pneumococcal vaccine	Pneumovax	Restricted Formulary	Follow DOC Policy 670.000	AHFS 80:12 Vaccines	medline
Pneumovax	Pneumococcal vaccine	Restricted Formulary	Follow DOC Policy 670.000	AHFS 80:12 Vaccines	medline
Polyethylene glycol -electrolyte solution	Golytely	Restricted Formulary	Approved for GI prep only	AHFS 56:12 Cathartics and laxatives	issue
Polyethylene glycol	Miralax	Restricted Formulary	Approved for constipation due to medication side effects or with FMD approval.	AHFS 56:12 Cathartics and laxatives	issue
Polymyxin B, Bacitracin, Neomycin	Triple Antibiotic, Neosporin	Restricted Formulary: Requires approval by facility medical director or pharmacy supervisor.		AHFS 84:04.04 Topical Antibacterials	issue
Potassium chloride	K-Dur	Formulary		AHFS 40:12 Replacement preparations	issue
Povidone iodine	Betadine	Formulary		AHFS 84:04.16 Miscellaneous local anti-infectives	issue
Pramipexole	Mirapex	Restricted Formulary	Approved for Parkinson and Dialysis patients with RLS Treatment of RLS for non-dialysis patients requires CRC approval	AHFS 28:92 Miscellaneous Central Nervous System Agents	issue
Pravachol	Pravastatin	Restricted Formulary	Approved for HIV, diabetic patients, and	AHFS 24:06 Antilipemic	issue

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			other patients with a high potential for drug interaction.	Agents	
Pravastatin	Pravachol	Restricted Formulary	Approved for HIV, diabetic patients, and other patients with a high potential for drug interaction.	AHFS 24:06 Antilipemic Agents	issue
Prazosin	Minipress	Formulary		AHFS 24:20 Alpha-Adrenergic Blocking Agents	issue
Pred Mild, Pred Forte	Prednisolone acetate	Formulary Non-Formulary: combination products		AHFS 52:08 EENT Anti-inflammatory agents	issue
Prednisolone acetate	Pred Mild, Pred Forte	Formulary Non-Formulary: combination products		AHFS 52:08 EENT Anti-inflammatory agents	issue
Prednisone	Deltasone	Formulary		AHFS 68:04 Adrenals	issue
Prenatal Rx	Multivitamins with Folic Acid	Restricted Formulary	Approved for pregnant patients only	AHFS 88:28 Dietary supplement	issue
Preparation H	Phenylephrine; Mineral Oil; Petrolatum; Shark Liver Oil	Restricted Formulary:	OTC item, Requires approval by facility medical director or pharmacy supervisor.	AHFS 12:12.04 Alpha Adrenergic Agonists	Issue
Prevalite, Questran	Cholestyramine	Formulary		AHFS 24:06 Antilipemic Agents	issue
PreviDent	Fluoride topical	Formulary		AHFS 92:00 Miscellaneous therapeutic agents	issue
Prilosec	Omeprazole	Restricted Formulary	Approved for Active PUD/DUD, ZE syndrome, Bartlett's esophagus, recurrent GERD, failure of H2 blocker at maximum tolerated dose, H-Pylori txt, or recommendation by a GI specialist and for concomitant therapy in patients with chronic use of NSAIDS according to published guidelines posted in the AHRQ National Guideline Clearinghouse in regards to GI toxicity.	AHFS 56:28.36 Proton Pump Inhibitors	issue
Prinivil, Zestril	Lisinopril	Formulary		AHFS 24:32.04 Angiotensin-Converting Enzyme Inhibitors	issue
Probenecid	Benemid	Formulary		AHFS 40:40 Uricosuric agents	issue
Procarbazine	Matulane	Formulary		AHFS 10:00 Antineoplastic agents	issue

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Procrit, Epogen	Epoetin Alfa	Restricted Formulary	Approved for end stage renal disease, severe anemia, and per HepC Protocol	AHFS 20:16 Hematopoietic Agents	medline
Prochlorperazine	Compazine	Formulary		AHFS 56:22 Anti-emetics AHFS 28:16.08.24 Phenothiazines	issue
Prolixin	Fluphenazine and Decanoate	Formulary		AHFS 28:16.08.24 Phenothiazines	medline for trial period medline only for decanoate
Promethazine	Phenergan	Formulary		AHFS 28:24.92 Miscellaneous anxiolytics, sedatives, and hypnotics AHFS 4:04 Antihistamine drugs	issue
Propafenone	Rythmol	Formulary		AHFS 24:04.4 Antiarrhythmic Agents	issue
Proparacaine	Parcaine	Restricted Formulary	For procedures only	AHFS: 52:16 Local Anesthetics	Floor stock
Propranolol	Inderal	Formulary Restricted Formulary: LA	Long-acting form approved after trial of atenolol or metoprolol or stable level of propranolol	AHFS 24:24 Beta-Adrenergic Blocking Agents	issue
Propylthiouracil	PTU	Formulary		AHFS 68:36.08 Anti-thyroid agents	issue
Proscar	Finasteride	Restricted Formulary	Approved for BPH only after failure of doxazosin monotherapy	AHFS 92:00 5-Alpha reductase inhibitor	issue
Protamine Sulfate	Protamine	Formulary		AHFS 20:12.08 Antiheparin Agent	medline
Provera	Medroxyprogesterone	Restricted Formulary	Approved for dysmenorrhea, amenorrhea, endometriosis, ovarian cyst, abnormal uterine bleeding and part of the SOTP program. CRC approval required for all hormonal therapy by patients to maintain secondary sexual characteristics upon admission into the DOC.	AHFS 68:32 Progestins	issue
Prozac	Fluoxetine	Formulary Non-Formulary: solution		AHFS 28:16.04 Antidepressants	issue

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Pseudoephedrine	Sudafed	Restricted Formulary Non-Formulary: common cold symptoms or combination products	OTC item requires approval from the Facility Medical Director or Pharmacist Supervisor	AHFS 12:12 Alpha and Beta agonists	medline
Psyllium Sugar free only	Metamucil Sugar free only	Restricted Formulary: Requires approval by facility medical director or pharmacy supervisor if failed Calcium polycarbophil	Approved for IBS, diverticulitis, or medication induced constipation (must document causative medication). Approved TI to calcium polycarbophil	AHFS 56:12 Cathartics and Laxatives	issue
PTU	Propylthiouracil	Formulary		AHFS 68:36.08 Anti-thyroid agents	issue
Pulmicort	Budesonide	Formulary: Nebbs only Non-Formulary: other dosage form		52:08 EENT Anti-inflammatory agents	issue
Pyrazinamide	PZA	Formulary		AHFS 8:16 Antituberculosis agents	medline
Pyridium	Phenazopyridine	Formulary		AHFS 84:08 Anti-pruritics and local anesthetics	issue
Pyridostigmine	Mestinon	Formulary		AHFS 12:04 Parasympathomimetic (cholinergic) agents	issue
Pyridoxine	Vitamin B-6	Restricted Formulary	Approved for use with INH only	AHFS 88:08 Vitamin B complex	issue
PZA	Pyrazinamide	Formulary		AHFS 8:16 Antituberculosis agents	medline
Questran, Prevalite	Cholestyramine	Formulary		AHFS 24:06 Antilipemic Agents	issue
QVAR	Beclomethasone inhaler	Formulary: Inhalers Non-Formulary: Nasal spray		AHFS 52:08 EENT anti-inflammatory agents	issue
Ranitidine	Zantac	Formulary		AHFS 56:28.12 Histamine H2-Antagonists	issue
Reglan	Metoclopramide	Formulary		AHFS 56:32 Prokinetic Agents	issue
Remeron	Mirtazapine	Formulary		AHFS 28:16:04 Anti-depressants	medline for trial period.
Remicade	Infliximab	Restricted Formulary	Requires approval of specialist, FMD and Pharmacy Supervisor Adalimumab shall be trialed first unless contraindicated.	AHFS 92:00 MISC TNF Blocker	medline
Renagel	Sevelamer	Restricted Formulary	Approved for dialysis or ESRD patients only	AHFS 40:18 Ion-removing Agents	issue

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Restoril	Temazepam	Formulary	Should be initiated and followed by a psychiatric practitioner or MD	AHFS 28:24.08 Benzodiazepines Controlled Substance C-IV	Medline Only
Retrovir	Zidovudine	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC it requires approval by the DOC infection diseases specialist, Statewide Chief Medical Officer of Health Services, or Pharmacy Director.	AHFS: 8:18.08.20 Nucleoside Reverse Transcriptase Inhibitors (NRTs)	medline for a 14-day trial period and may be issued thereafter
Reyataz	Atazanavir	<i>Restricted Formulary</i>	Approved as continuation therapy or if alternative therapies fail. If therapy is initiated at DOC it requires approval by the DOC infection diseases specialist, Statewide Chief Medical Officer of Health Services, or Pharmacy Director	AHFS 8:18.08.20 Antiretrovirals	medline for a 14-day trial period and may be issued thereafter
Rho D Immune Globulin	RhoGAM	Formulary		AHFS 80:04 Serums	medline
RhoGAM	Rho D Immune Globulin	Formulary		AHFS 80:04 Serums	medline
Ribavirin	Copegus	Restricted Formulary	Only in conjunction with HepC protocol	AHFS 8:18.32 Nucleosides and Nucleotides	Issue
Ridaura	Auranofin	Restricted Formulary	Approved if alternative therapies fail or contraindicated	60:00 Gold Compounds	Issue
Rifadin	Rifampin	Formulary		AHFS 8:16 Anti-tuberculosis agents	Issue or medline if given for TB treatment
Rifampin	Rifadin	Formulary		AHFS 8:16 Anti-tuberculosis agents	Issue or medline if given for TB treatment
Risperdal, M-Tab, Risperdal Consta	Risperidone	Restricted Formulary: Non-Formulary: Simultaneous use of more than two atypicals, off label and/or PRN use	Should be initiated and followed by a psychiatric practitioner or MD Risperdal Consta may be approved: (1) If oral risperidone has shown efficacy and the patient both lacked compliance and is	AHFS 28:16.08.04 Atypical Antipsychotics	medline

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			<p>scheduled to be released within the next 3 months into the community with documented follow-up.</p> <p>(2) After failure (documented lack of efficacy, significant EPS, or tardive dyskinesia) of haloperidol or fluphenazine decanoate.</p>		
Risperidone	Risperdal, M-Tab, Risperdal Consta	<p>Restricted Formulary:</p> <p>Non-Formulary: Simultaneous use of more than two atypicals, off label and/or PRN use</p>	<p>Should be initiated and followed by a psychiatric practitioner or MD</p> <p>Risperdal Consta may be approved:</p> <p>(1) If oral risperidone has shown efficacy and the patient both lacked compliance and is scheduled to be released within the next 3 months into the community with documented follow-up.</p> <p>(2) After failure (documented lack of efficacy, significant EPS, or tardive dyskinesia) of haloperidol or fluphenazine decanoate.</p>	AHFS 28:16.08.04 Atypical Antipsychotics	medline
Ritonavir	Norvir	<i>Restricted Formulary</i>	<p>Approved as continuation therapy or if alternative therapies fail.</p> <p>If therapy is initiated at DOC it requires approval by the DOC infection diseases specialist, Statewide Chief Medical Officer of Health Services, or Pharmacy Director</p>	AHFS 8:18.08.08 Antiretrovirals	medline for a 14-day trial period and may be issued thereafter
Ritonavir/Lopinavir	Kaletra	<i>Restricted Formulary</i>	<p>Approved as continuation therapy or if alternative therapies fail.</p> <p>If therapy is initiated at DOC it requires approval by the DOC infection diseases specialist, Statewide Chief Medical Officer of Health Services, or Pharmacy Director.</p>	AHFS 8:18.08.08 Antiretrovirals	medline for a 14-day trial period and may be issued thereafter
Robaxin	Methocarbamol	Restricted Formulary	Treatment limited to 2 weeks, beyond that requires CRC approval (if	AHFS 12:20 Skeletal Muscle Relaxants	medline

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			written for more than once in a 3-month period then requires an FMD approval). Approved for spasticity due to multiple sclerosis or spinal cord injury and cerebral palsy.		
Rocaltrol	Calcitriol	Restricted Formulary	For dialysis patients only	AHFS 88:16 Vitamin D	issue
Rocephin	Ceftriaxone	Formulary		AHFS 8:12.06 Cephalosporins	medline
Romazicon	Flumazenil	Formulary		AHFS 92:00 Miscellaneous therapeutic agents	medline
Rowasa, Asacol	Mesalamine	Restricted Formulary	Approved if alternative therapies fail or contraindicated.	AHFS 56:36 Anti-inflammatory Agents	issue
Roxicodone	Oxycodone	Restricted Formulary Non-Formulary: combinations & long-acting	Refer to Opiate Management Protocol for prescribing guidelines	AHFS 28:08.08 Opiate agonists Controlled Substance C-II	Medline Only
Rythmol	Propafenone	Formulary		AHFS 24:04.4 Antiarrhythmic Agents	issue
Salagen, Isopto-Carpine, Pilocar	Pilocarpine ophthalmic solution	Formulary		AHFS 52:20 Miotics	issue
Salmeterol	Serevent Diskus	Formulary		AHFS 12:12 Sympathomimetic agents	Issue
Salsalate	Disalcid	Formulary		ASHP 28:08.04.24 Salicylates	issue
Saquinavir	Invirase	<i>Restricted Formulary</i>	Approved as continuation therapy or if alternative therapies fail. If therapy is initiated at DOC it requires approval by the DOC infection diseases specialist, Statewide Chief Medical Officer of Health Services, or Pharmacy Director.	AHFS 8:18.08.20 Antiretrovirals	medline for a 14-day trial period and may be issued thereafter
Selenium Sulfide 2.5%	Selsun or Exsel	Restricted Formulary: Non-Formulary: Dandruff Tx	OTC item, Requires approval by facility medical director or pharmacy supervisor.	AHFS 84:04.16 Miscellaneous local anti-infectives	issue
Selsun or Exsel	Selenium Sulfide 2.5%	Restricted Formulary: Non-Formulary: Dandruff Tx	OTC item, Requires approval by facility medical director or pharmacy supervisor.	AHFS 84:04.16 Miscellaneous local anti-infectives	issue
Senna	X-Prep	Restricted Formulary: Requires approval by facility medical director or pharmacy		AHFS 56:12 Cathartics and laxatives	issue

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
		supervisor			
Sensipar	Cinacalcet	Restricted Formulary	Approved for dialysis patients	AHFS 92:00 Misc	issue
Septa DS, Bactrim DS, Cotrim DS	Trimethoprim/ Sulfamethoxazole (SMX-TMP)	Formulary		AHFS 8:12.20 Sulfonamides	issue
Serevent Diskus	Salmeterol	Formulary		AHFS 12:12 Sympathomimetic agents	issue
Sertraline	Zoloft	Formulary Non-Formulary: solution		AHFS 28:16.04 Antidepressants	issue
Serzone	Nefazodone	Formulary		AHFS 28:16.04 Antidepressants	issue
Sevelamer	Renagel	Restricted Formulary	Approved for dialysis or ESRD patients only	AHFS 40:18 Ion-removing Agents	issue
Shohl's solution, Bicitra	Sodium citrate/ Citric acid	Restricted Formulary	Approved for patients with chronic renal disease only	AHFS 40:08 Alkalinizing agents	issue
Silvadene, SSD	Silver sulfadiazine	Formulary		AHFS 84:04.16 Miscellaneous Local Anti-infectives	issue
Silver Nitrate	Grafco	Formulary		AHFS 52:04.92 Miscellaneous Anti-infectives	medline
Silver sulfadiazine	Silvadene, SSD	Formulary		AHFS 84:04.16 Miscellaneous Local Anti-infectives	issue
Simethicone	Mylicon	Restricted Formulary:	OTC item, Requires approval by facility medical director or pharmacy supervisor.	AHFS 56:10 Antiflatulents	issue
Simvastatin	Zocor	Formulary		AHFS 24:06 Antilipemic agents	issue
Sinemet	Levodopa/ Carbidopa	Restricted Formulary:	Approved for Restless Leg Syndrome after therapy approved by CRC	AHFS 28:92 Miscellaneous Central Nervous System Agents	issue
Sinequan	Doxepin	Formulary		AHFS 28:16.04 Antidepressants	medline
Singulair	Montelukast	Restricted Formulary	Approved if alternative therapies fail or contraindicated or for moderate to severe asthma as adjunctive therapy.	AHFS 92:00 Miscellaneous therapeutic agents	issue
Sodium bicarbonate	Baros	Restricted Formulary	Approved for dialysis patients	AHFS 40:08 Alkalinizing agent	issue

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Sodium chloride (Nasal Spray, irrigation solution, IV solution, etc.)	Sodium chloride (Nasal Spray, irrigation solution, IV solution, etc.)	: Formulary: Legend items Restricted Formulary: OTC items	OTC items require approval by facility medical director or pharmacy supervisor.	AHFS 40:36 Irrigating solutions AHFS 40:12 Replacement preparations AHFS 52:36 Miscellaneous EENT drugs	Issue topical
Sodium citrate, Citric acid	Shohl's solution, Bicitra	Restricted Formulary	Approved for patients with chronic renal disease only	AHFS 40:08 Alkalinizing agents	issue
Sodium ferric gluconate complex	Ferlecit	Restricted Formulary	Approved for dialysis patients only	AHFS Iron Preparations	medline
Sodium phosphate/ Sodium biphosphate	Fleets enema	Formulary		AHFS 56:12 Cathartics and laxatives	issue
Sodium polystyrene sulfonate	Kayexalate	Formulary	The order must indicate the K+ level	AHFS 40:18 Potassium removing resin	medline
Solu-Medrol, Medrol dose pack, Depo-Medrol	Methylprednisolo ne	Formulary		AHFS 68:04 Adrenals	issue
Sorbitrate, Isordil	Isosorbide dinitrate	Formulary		AHFS 24:12 Vasodilating agents	issue
Sotalol	Betapace	Formulary Restricted Formulary Sotalol AF	Sotalol AF approved for atrial fibrillation or continuation of therapy	AHFS 24:24 Beta-agrenergic blockers	issue
Spironolactone	Aldactone	Formulary		AHFS 40:28.10 Potassium sparing diuretics AHFS 24:32.20 Mineralocorticoid (Aldosterone) Receptor Antagonists	issue
SSD, Silvadene	Silver sulfadiazine	Formulary		AHFS 84:04.16 Miscellaneous Local Anti-infectives	issue
Stavudine	Zerit	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC it requires approval by the DOC infection diseases specialist, Statewide Chief Medical Officer of Health Services, or Pharmacy Director.	8:18.08.20 Nucleoside Reverse Transcriptase Inhibitors (NRTs)	medline for a 14-day trial period and may be issued thereafter
Stelazine	Trifluoperazine	Formulary	Should be initiated and followed by a psychiatric practitioner or MD	AHFS 28:16.08 Tranquilizers	medline
Streptomycin	Streptomycin	Restricted Formulary	Approved based on C&S results and in discussion with a pharmacist (see formulary section VI.2)	AHFS 8:12.02 Aminoglycosides	medline

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Suboxone	Buprenorphine/ Naloxone	Restricted Formulary	Prescriber must complete certification and be licensed by the DEA to prescribe	AHFS 28:10 Opiate antagonist	medline
Sucralfate	Carafate	Formulary		AHFS 56:28.32 Protectants	issue
Sudafed	Pseudoephedrine	Restricted Formulary Non-Formulary: common cold symptoms or combination products	OTC item requires approval from the Facility Medical Director or Pharmacist Supervisor	AHFS 12:12 Alpha and Beta agonists	medline
Sulamyd	Sulfacetamide sodium	Formulary Non-Formulary: combination products		AHFS 52:04.08 EENT sulfonamides	issue
Sulfacetamide sodium	Sulamyd	Formulary Non-Formulary: combination products		AHFS 52:04.08 EENT sulfonamides	issue
Sulfasalazine	Azulfidine	Formulary		AHFS 8:24.20 Sulfonamides	issue
Sumatriptan	Imitrex	Restricted Formulary: tablet form Non-Formulary: other dosage forms.	No more than 200mg per day-May issue up to 9 tablets per month.	AHFS 28:92 Miscellaneous Central Nervous System Agents	issue
Sumycin	Tetracycline	Formulary		AHFS 8:12.24 Tetracyclines	issue
Sunscreen	Sunscreen	Restricted Formulary:	OTC item, Requires approval by facility medical director or pharmacy supervisor. SPF 30 with UVA protection is the preferred agent to order. Approved for patients with history of skin cancer (or pre cancer), medication induced phototoxicity/photosensitivity and if avoiding sunlight exposure is not adequate to prevent symptoms.	AHFS 84:80 Sunscreen agents	issue
Sustiva	Efavirenz	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC it requires approval by the DOC infection diseases specialist, Statewide Chief Medical Officer of Health Services, or Pharmacy Director	8:18.08.16 Non Nucleoside Reverse Transcriptase Inhibitors (NNRTs)	medline for a 14-day trial period and may be issued thereafter
Symmetrel	Amantadine	Formulary		AHFS: 8:18.04 Adamantanes	issue
Synthroid,	Levothyroxine	Formulary		AHFS 68:36.04 Thyroid	issue

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Levothroid				agents	
Tamiflu	Oseltamivir	Restricted Formulary	Approved for treatment of influenza or prophylactic treatment per DOC Guidelines or elderly patients, patients with immune deficiencies, or cellmates of those with confirmed cases.	AHFS 8:18:28 Antivirals	issue
Tamoxifen citrate	Nolvadex	Formulary		AHFS 10:00 Antineoplastic agents	issue
Tamsulosin	Flomax	Restricted Formulary	Approved after failure of doxazosin	AHFS 24:20 Alpha-Adrenergic Blocking Agents	issue
Tapazole	Methimazole	Formulary		AHFS 68:36.08 Anti-thyroid Agents	issue
Tazidime, Fortaz	Ceftazidime	Restricted Formulary	Approved based on C&S results and in discussion with a pharmacist (see formulary section VI.2)	AHFS 8:12.06 Cephalosporins	medline
Tears Artificial	Akwa Tears	Restricted Formulary:	OTC item, Requires approval by facility medical director or pharmacy supervisor. Approved for Bell's Palsy, S/P cataract or corneal surgery and Sicca syndrome due to autoimmune etiology or connective tissue disease.	AHFS 52:36 Miscellaneous EENT drugs	issue
Tegretol	Carbamazepine	Formulary Non-Formulary: Extended Release		AHFS 28:12.92 Miscellaneous anticonvulsants	medline
Temazepam	Restoril	Formulary	Should be initiated and followed by a psychiatric practitioner or MD	AHFS 28:24.08 Benzodiazepines Controlled Substance C-IV	Medline Only
Temovate	Clobetasol 0.05%	Restricted Formulary	Approved if alternative therapies fail or contraindicated	AHFS 84:06 Topical anti-inflammatory agents	issue
Tenofovir	Viread	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC it requires approval by the DOC infection diseases specialist, Statewide Chief Medical Officer of Health Services, or Pharmacy Director	AHFS: 8:18.08.20 Nucleoside Reverse Transcriptase Inhibitors (NRTs)	medline for a 14-day trial period and may be issued thereafter
Tenormin	Atenolol	Formulary		AHFS 24:24 Beta-Adrenergic Blocking Agents	issue
Terbinafine	Lamisil	Restricted Formulary:	Approved for patients with HIV and diabetics	AHFS 8:14 Antifungals	issue

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
		Topical Non-Formulary: Oral	only		
Terbutaline sulfate	Brethine	Restricted Formulary	Approved for pregnant patients or patients with priapism only	AHFS 12:12 Sympathomimetic agents	issue
Tessalon	Benzonatate	Formulary		AHFS 48:08 Antitussives	issue
Tetanus & diphtheria & pertussis toxoid adsorbed (adult)	Adacel	Restricted Formulary	Follow DOC Policy 670.000	AHFS 80:12 Vaccines	medline
Tetanus immune globulin	BayTet	Formulary		AHFS 80:04 Serums	medline
Tetracycline	Sumycin	Formulary		AHFS 80:04 Serums	issue
Theo-Dur	Theophylline	Restricted Formulary	Approved if alternative therapies fail or contraindicated	AHFS 86:16 Respiratory Smooth Muscle Relaxants	Issue
Theophylline	Theo-Dur	Restricted Formulary	Approved if alternative therapies fail or contraindicated	AHFS 86:16 Respiratory Smooth Muscle Relaxants	Issue
Thiamine	Vitamin B-1	Restricted Formulary	Approved for detoxification only	AHFS 88:08 Vitamin B complex	medline
Thiothixene	Navane	Restricted Formulary	Approved if alternative therapies fail or contraindicated	AHFS 28:16.08.32 Thioxanthenes	medline
Thorazine	Chlorpromazine	Formulary		AHFS 28:16.08.24 Phenothiazines	medline
Tigan	Trimethobenzamide	Formulary		AHFS 56:22 Antiemetics	issue
Timolol maleate	Timoptic	Formulary		AHFS 52:36 Miscellaneous EENT drugs	issue
Timoptic	Timolol maleate	Formulary		AHFS 52:36 Miscellaneous EENT drugs	issue
Tinactin	Tolnaftate	Restricted Formulary: Requires approval by facility medical director or pharmacy supervisor.		AHFS 84:04.08 Topical antifungals	issue
Tipranavir	Aptivus	<i>Restricted Formulary</i>	Approved as continuation therapy or if alternative therapies fail. If therapy is initiated at DOC it requires approval by the DOC infection diseases specialist, Statewide Chief Medical Officer of Health Services, or Pharmacy Director	AHFS 8:18.08.20 Antiretrovirals	medline for a 14-day trial period and may be issued thereafter
Tobradex	Dexamethasone / Tobramycin	Formulary		AHFS 52:04 Antibacterials	issue

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Tobramycin / Dexamethasone	Tobradex	Formulary		AHFS 52:04 Antibacterials	issue
Tobramycin sulfate	Tobrex or TOBI	Restricted Formulary	Approved for intravenous use after Gentamicin failure or resistance.	AHFS 8:12.02 Aminoglycosides	Issue ophthalmic
Tobrex or TOBI	Tobramycin sulfate	Restricted Formulary	Approved for intravenous use after Gentamicin failure or resistance.	AHFS 8:12.02 Aminoglycosides	Issue ophthalmic
Tofranil	Imipramine	Formulary		AHFS 28:16.04 Antidepressants	medline
Tolnaftate	Tinactin	Restricted Formulary: Requires approval by facility medical director or pharmacy supervisor.		AHFS 84:04.08 Topical antifungals	issue
Toothpaste for dry mouth	Biotene	Restricted Formulary	Must be prescribed by DOC Dentists only.	To treat patients diagnosed with Xerostomia.	KOP
Toradol	Ketorolac	Formulary. Restricted Formulary Non-Formulary: chronic pain.	Approved for severe acute pain for up to 5 consecutive days Ophthalmic approved for: treatment of Allergic conjunctivitis, myalgia, ocular pain, ocular pruritus, and postoperative ocular inflammation Tablets approved for : treatment of Nephrolithiasis	AHFS 28:08.04 Nonsteroidal Anti-Inflammatory Agents AHFS 52:00 Eye, Ear, Nose, and Throat (EENT) preparations	medline
Trandate	Labetolol	Restricted Formulary	Approved for pregnant women with HTN	AHFS 24:24 Beta-Adrenergic Blocking Agents	Issue
Tranlycypromine	Parnate	Restricted Formulary	Approved if alternative therapy fail Should be initiated and followed by a psychiatric practitioner or MD	AHFS 28:16.04.12 Monoamine Oxidase Inhibitors	Medline
Trazodone	Desyrel	Formulary		AHFS 28:16.04 Anti-depressants	Medline
Trental	Pentoxifylline	Formulary		AHFS 20:24 Hemorrhologic Agents	issue
Trexall	Methotrexate	Formulary		AHFS 10:00 Antineoplastic agents	issue
Triamcinolone	Nasacort, Azmacort, Aristocort, Kenalog, Kenalog in Orabase, Aristospan	<i>Restricted Formulary:</i> Nasal form Non-Formulary: Topical strengths other than 0.1%	Approved for the treatment of recurrent bacterial sinusitis or otitis media.	AHFS 52:08 EENT Anti-inflammatory agents AHFS 84:06 Topical anti-inflammatory agents AHFS 68:04 Adrenals	issue
Trifluoperazine	Stelazine	Formulary	Should be initiated and followed by a psychiatric practitioner or MD	AHFS 28:16.08 Tranquilizers	medline

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Trifluridine	Viroptic	Formulary		AHFS 52:04:20 Antivirals	issue
Trihexyphenidyl	Artane	Formulary		AHFS 12:08.04 Anti- parkinsonian agent	medline
Trilafon	Perphenazine	Formulary	Should be initiated and followed by a psychiatric practitioner or MD	AHFS 28:16.08.24 Phenothiazines	medline
Trileptal	Oxcarbazepine	Restricted Formulary	Approved as adjunctive therapy for the treatment of seizure disorders or failure of first line agent used in psychiatric disorder	AHFS 28:12.92 Miscellaneous anticonvulsants	medline
Trilisate	Choline magnesium Salicylate	Formulary		AHFS 28:08.04.24 Salicylates	issue
Trimethobenzamide	Tigan	Formulary		AHFS 56:22 Antiemetics	issue
Trimethoprim/ Sulfamethoxazole (SMX-TMP)	Bactrim DS, Cotrim DS, Septra DS	Formulary		AHFS 8:12.20 Sulfonamides	issue
Triple Antibiotic, Neosporin	Bacitracin, Polymyxin B, Neomycin	Restricted Formulary: Requires approval by facility medical director or pharmacy supervisor.		AHFS 84:04.04 Topical Antibacterials	issue
Trizivir	Abacavir/ Lamivudine/ Zidovudine	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC it requires approval by the DOC infection diseases specialist, Statewide Chief Medical Officer of Health Services, or Pharmacy Director.	AHFS: 8:18.08.20 Nucleoside Reverse Transcriptase Inhibitors (NRTs)	medline for a 14-day trial period and may be issued thereafter
Tropicamide	Mydral	Restricted Formulary	For procedures only	AHFS: 52:24 Mydriatic	Floor stock
Trusopt	Dorzolamide	Formulary		AHFS 52:10 Carbonic Anhydrase Inhibitors	issue
Truvada	Emtricitabine/ Tenofovir	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC it requires approval by the DOC infection diseases specialist, Statewide Chief Medical Officer of Health Services, or Pharmacy Director	AHFS: 8:18.08.20 Nucleoside Reverse Transcriptase Inhibitors (NRTs)	medline for a 14-day trial period and may be issued thereafter
Tuberculin	Tubersol	Formulary		AHFS 36:84 Diagnostic agents	medline

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
				– tuberculosis	
Tubersol	Tuberculin	Formulary		AHFS 36:84 Diagnostic agents – tuberculosis	medline
Tums	Calcium carbonate	Restricted Formulary:	OTC item, Requires approval by facility medical director or pharmacy supervisor. Approved for hypocalcaemia, hyperphosphatemia, or end stage renal disease.	AHFS 40:12 Replacement preparations	issue
Tolnaftate	Tinactin	Restricted Formulary: Requires approval by facility medical director or pharmacy supervisor.		AHFS 84:04.08 Topical antifungals	issue
Twinrix	Hepatitis A inactivated/ Hepatitis B recombinant vaccine	Restricted Formulary	Follow DOC Policy 670.000	AHFS 80:12 Vaccines	medline
Tylenol	Acetaminophen	Restricted Formulary:	OTC item, Requires approval by facility medical director or pharmacy supervisor. Approved for acute pain (up to 5 days after initial injury), Hepatitis C treatment side effects, or high fever ($\geq 101^{\circ}\text{F}$).	AHFS 28:08 Miscellaneous Analgesics and Antipyretics	issue
Tylenol #3	Acetaminophen/ Codeine	Restricted Formulary	Refer to Opiate Management Protocol for prescribing guidelines	AHFS 28:08.08 Opiate agonists Controlled Substance C-III	Medline Only
Unasyn	Ampicillin & sulbactam sodium	Formulary		AHFS 8:12.16 Penicillins	medline
Urea lotion 10%	Aqua Care	Restricted Formulary	Approved for diabetic patients only	AHFS 84:28 Keratolytic Agents	issue
Urecholine	Bethanechol	Formulary		AHFS 12:04 Parasympathomimetic (cholinergic) agents	issue
Urised	Methenamine/ Atropine/ Benzoic acid/ Hyoscyamine/ Methylene blue/ Phenyl salicylate	Formulary		AHFS 12:08.08 Antimuscarinic/antispasmodics	issue
Valisone	Betamethasone valerate 0.1%	Formulary		AHFS 84:06 Topical anti-inflammatory agents	issue
Valium	Diazepam	Formulary Non-Formulary: Hypnotic use	Controlled substance CIV	AHFS 28:24.08 Benzodiazepines	Medline Only

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Valproic acid	Depakene	Formulary		AHFS 28:12.92 Miscellaneous anticonvulsants	medline
Vancocin	Vancomycin	Formulary: IV Non-Formulary: solid dose form		AHFS 8:12.28 Miscellaneous Antibacterials	medline
Vancomycin	Vancocin	Formulary: IV Non-Formulary: solid dose form		AHFS 8:12.28 Miscellaneous Antibacterials	medline
Varicella Vaccine	Varivax	Restricted Formulary	Follow DOC Policy 670.000	AHFS 80:12 Vaccines	medline
Varivax	Varicella Vaccine	Restricted Formulary	Follow DOC Policy 670.000	AHFS 80:12 Vaccines	medline
Vasotec	Enalapril	Formulary		AHFS 24:32.04 Angiotensin-Converting Enzyme Inhibitors	issue
Venlafaxine	Effexor,	Formulary Non-Formulary: XR & ER	Therapeutic Interchange 1:1 XR or ER to IR	AHFS 28:16.04 Antidepressants	medline for trial period
Venofer	Iron Sucrose	Restricted Formulary	Approved for dialysis patients only	AHFS 20:04.04 Iron Preparations	medline
Venoglobulin	Immune globulin	Formulary		AHFS 80:04 Serums	issue
Ventolin HFA	Albuterol HFA	Formulary: Neb, MDI Restricted Formulary: More than one canister per month Non-Formulary: Extended release, other HFA Brands	Only one canister per month for asthma patients. Patients with asthma should be on an inhaled steroid if necessary.	AHFS 12:12 Sympathomimetic (adrenergic) agents	issue
Verapamil	Calan, Calan SR	Formulary		AHFS 24:28 Calcium-Channel Blocking Agents	issue
Vermox	Mebendazole	Formulary		AHFS 8:08 Anthelmintics	issue
Versed	Midazolam	Restricted Formulary	Approved for procedures only	AHFS 28:24.08 Benzodiazepines Controlled Substance C-IV	Medline Only
Vibramycin, Periostat	Doxycycline	Formulary		AHFS 8:12.24 Tetracyclines	issue
Videx	Didanosine	<i>Restricted Formulary</i>	Approved as continuation therapy or if alternative therapies fail. If therapy is initiated at DOC it requires approval by the DOC infection diseases specialist, Statewide Chief Medical Officer of Health Services, or Pharmacy Director.	AHFS 8:18.08.20 Antiretrovirals	medline for a 14-day trial period and may be issued thereafter
Viracept	Nelfinavir	<i>Restricted Formulary</i>	Approved as continuation therapy or if alternative	AHFS 8:18.08.20	medline for a 14-day

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			therapies fail. If therapy is initiated at DOC it requires approval by the DOC infection diseases specialist, Statewide Chief Medical Officer of Health Services, or Pharmacy Director	Antiretrovirals	trial period and may be issued thereafter
Viramune	Nevirapine	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC it requires approval by the DOC infection diseases specialist, Statewide Chief Medical Officer of Health Services, or Pharmacy Director	AHFS: 8:18.08.16 Non Nucleoside Reverse Transcriptase Inhibitors (NNRTs)	medline for a 14-day trial period and may be issued thereafter
Viread	Tenofovir	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC it requires approval by the DOC infection diseases specialist, Statewide Chief Medical Officer of Health Services, or Pharmacy Director	AHFS: 8:18.08.20 Nucleoside Reverse Transcriptase Inhibitors (NRTs)	medline for a 14-day trial period and may be issued thereafter
Viroptic	Trifluridine	Formulary		AHFS: 52:04:20 Antivirals	issue
Visine A	Naphazoline/ Pheniramine	Restricted Formulary: Requires approval by facility medical director or pharmacy supervisor.		AHFS 52:32 Vasoconstrictors	issue
Vistaril, Atarax	Hydroxyzine	Formulary		AHFS 28:24.92 Miscellaneous anxiolytics, sedatives, and hypnotics	medline
Vitamin B complex	Nephrovite, Nephrocap	Restricted Formulary	Approved for dialysis patients only	AHFS 88:08 Vitamin B Complex	issue
Vitamin B-1	Thiamine	Restricted Formulary	Approved for detoxification only	AHFS 88:08 Vitamin B complex	medline
Vitamin B12	Cyanocobalamin	Formulary: Injectable Non-Formulary: solid dose form		AHFS 88:08 Vitamin B complex	medline
Vitamin B-6	Pyridoxine	Restricted Formulary	Approved for use with INH only	AHFS 88:08 Vitamin B complex	issue
Vitamin C	Ascorbic acid	Restricted Formulary	Approved for iron absorption aid	AHFS 88:12	Issue
Vitamin D with Calcium	Ca with Vit D	Restricted Formulary:	OTC item, Requires approval by facility medical director or pharmacy supervisor.	AHFS 88:16 Vitamin D	Issue

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
			Approved for documented osteopenia, osteoporosis, hypogonadism, menopause, chronic glucocorticoid treatment patients, and lactose intolerant patients		
Vytorin 10/80mg	Ezetimibe/ Simvastatin	Restricted Formulary	Approved for patients who have failed simvastatin monotherapy (80mg/day)	AHFS 24:06 Antilipemic agents	Issue
Warfarin sodium	Coumadin	Formulary		AHFS 20:12.04 Anticoagulants	Medline until INR is stable for 2 weeks, then may issue
Xalatan	Latanoprost	Formulary		AHFS 52:36 Miscellaneous EENT agents	issue
X-Prep	Senna	Restricted Formulary: Requires approval by facility medical director or pharmacy supervisor		AHFS 56:12 Cathartics and laxatives	issue
Xylocaine, Xylocaine with Epi.	Lidocaine	Formulary	Not approved for antiarrhythmic treatment	AHFS 72:00 Local anesthetics	Issue topical
Zantac	Ranitidine	Formulary		AHFS 56:28.12 Histamine H2-Antagonists	issue
Zaroxolyn	Metolazone	Restricted Formulary	If creatinine clearance less than 30 or serum creatinine is greater than 2	AHFS 40:28 Diuretics	issue
Zemlar	Paricalcitol	Restricted Formulary	Approved for dialysis patients only	AHFS 88:16 Vitamin D	issue
Zerit	Stavudine	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC it requires approval by the DOC infection diseases specialist, Statewide Chief Medical Officer of Health Services, or Pharmacy Director.	AHFS: 8:18.08.20 Nucleoside Reverse Transcriptase Inhibitors (NRTs)	medline for a 14-day trial period and may be issued thereafter
Zestril, Prinivil	Lisinopril	Formulary		AHFS 24:32.04 Angiotensin-Converting Enzyme Inhibitors	issue
Ziagen	Abacavir	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC it requires approval by the DOC infection diseases specialist, Statewide Chief Medical Officer of Health Services, or Pharmacy Director.	AHFS: 8:18.08.20 Nucleoside Reverse Transcriptase Inhibitors (NRTs)	medline for a 14-day trial period and may be issued thereafter

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Zidovudine	Retrovir	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC it requires approval by the DOC infection diseases specialist, Statewide Chief Medical Officer of Health Services, or Pharmacy Director	AHFS: 8:18.08.20 Nucleoside Reverse Transcriptase Inhibitors (NRTs)	medline for a 14-day trial period and may be issued thereafter
Zidovudine/ Lamivudine	Combivir	<i>Restricted Formulary</i> : only as individual item Non-Formulary: Combivir Brand	Pharmacy will dispense as separate medications Approved as continuation therapy. If therapy is initiated at DOC it requires approval by the DOC infection diseases specialist, Statewide Chief Medical Officer of Health Services, or Pharmacy Director	AHFS: 8:18.08.20 Nucleoside Reverse Transcriptase Inhibitors (NRTs)	medline for a 14-day trial period and may be issued thereafter
Zidovudine/ Lamivudine/ Abacavir	Trizivir	<i>Restricted Formulary</i>	Approved as continuation therapy. If therapy is initiated at DOC it requires approval by the DOC infection diseases specialist, Statewide Chief Medical Officer of Health Services, or Pharmacy Director.	AHFS: 8:18.08.20 Nucleoside Reverse Transcriptase Inhibitors (NRTs)	medline for a 14-day trial period and may be issued thereafter
Zinc oxide	Desitin	Restricted Formulary:	OTC item, Requires approval by facility medical director or pharmacy supervisor.	AHFS 84:80 Sunscreen agents	issue
Ziprasidone	Geodon	Formulary Non-Formulary: Simultaneous use of more than two atypicals, off label and/or PRN use	Should be initiated and followed by a psychiatric practitioner or MD	AHFS 28:16.08.04 Atypical Antipsychotics	issue
Zithromax	Azithromycin	Formulary		AHFS 8:12.06 Macrolides	issue
Zofran	ondansetron	Restricted Formulary	Approved for cancer patients or if alternative therapies fail or contraindicated	AHFS 56:22 Antiemetics	issue
Zocor	Simvastatin	Formulary		AHFS 24:06 Antilipemic agents	issue
Zoloft	Sertraline	Formulary Non-Formulary: solution		AHFS 28:16.04 Antidepressants	issue

Drug Name Generic names in BOLD		Formulary Status	Special Criteria	AHFS	Issue/ Medline
Zostrix	Capsaicin	Formulary		AHFS 84:36 Miscellaneous Skin and Mucous Membrane Agents	issue
Zosyn	Piperacillin/ Tazobactam	Restricted Formulary	Approved based on C&S results and in discussion with a pharmacist (see formulary section VI.2)	AHFS 8:12.07 Miscellaneous beta lactam antibiotics	medline
Zovirax	Acyclovir	Formulary: Oral dosage form Non-Formulary: Topical		AHFS 8:18.32 Nucleosides and Nucleotides	issue
Zyloprim	Allopurinol	Formulary		AHFS 92:00 Miscellaneous therapeutic agents	issue
Zyprexa, Zyprexa Zydis	Olanzapine	Restricted Formulary Non-Formulary: hypnotic use, simultaneous use of more than two atypicals, off label and/or PRN use	Requires Psych CRC approval unless they have failed adequate trials of two first line agents. Should be initiated and followed by a psychiatric practitioner or MD (\$\$\$\$)	AHFS 28:16.08.04 Atypical Antipsychotics	medline

C – AHFS Pharmacological-Therapeutic Drug Classification

The following sections may contain formulary and not-formulary medications

4:00	Antihistamine Drugs
8:00	Anti-infective Agents
10:00	Antineoplastic Agents
12:00	Autonomic Drugs
16:00	Blood Derivatives
20:00	Blood Formation and Coagulation
24:00	Cardiovascular Drugs
28:00	Central Nervous System Agents
32:00	Contraceptives (foams, devices)
34:00	Dental Agents
36:00	Diagnostic Agents
38:00	Disinfectants (for agents used on objects other than skin)
40:00	Electrolytic, Caloric, and Water Balance
44:00	Enzymes
48:00	Antitussives, Expectorants, and Mucolytic Agents
52:00	Eye, Ear, Nose, and Throat (EENT) Preparations
56:00	Gastrointestinal Drugs
60:00	Gold Compounds
64:00	Heavy Metal Antagonists
68:00	Hormones and Synthetic Substitutes
72:00	Local Anesthetics
76:00	Oxytocics
78:00	Radioactive Agents
80:00	Serums, Toxoids, and Vaccines
84:00	Skin and Mucous Membrane Agents
86:00	Smooth Muscle Relaxants
88:00	Vitamins
92:00	Miscellaneous Therapeutic Agents
96:00	Pharmaceutical Aids

Continued on next page

C – AHFS Pharmacological-Therapeutic Drug Classification, Continued

4:00 Antihistamine Drugs

4:04 First Generation Antihistamines

Chlorpheniramine
Diphenhydramine (Benadryl)
Promethazine (Phenergan)
See also: Hydroxyzine 28:24.92
Meclizine 56:22

4:08 Second Generation Antihistamines

Loratadine (Claritin)

800 Anti- infective Agents

8:08 Anthelmintics

Mebendazole (Vermox)

8:12.02 Aminoglycosides

Gentamicin (Garamycin)
Neomycin
Streptomycin
Tobramycin (Tobrex or TOBI)

8:12.06 Cephalosporins

Cefazolin (Ancef)
Ceftazidime (Fortaz, Tazidime)
Ceftriaxone (Rocephin)
Cephalexin (Keflex)
Cefoxitin (Mefoxin)
Cefuroxime (Ceftin)

8:12.07 Miscellaneous B-Lactam Antibiotics

Piperacillin/ Tazobactam (Zosyn)

8:12.12 Macrolides

Azithromycin (Zithromax)
Erythromycin (E-Mycin or Erytab or Erythrocin)

Continued on next page

C – AHFS Pharmacological-Therapeutic Drug Classification, Continued

800 Anti- infective Agents (continued)

8:12.16 Penicillins

Amoxicillin
Amoxicillin/ clavulanate (Augmentin)
Ampicillin/ Sulbactam (Unasyn)
Dicloxacillin (Dynapen)
Penicillin G, benzathine (Bicillin LA)
Penicillin V, potassium (Pen VK)

8:12.18 Quinolones

Ciprofloxacin (Cipro)
Levofloxacin (Levaquin)

8:12.20 Sulfonamides

Sulfasalazine (Azulfidine)
Sulfamethoxazole/ Trimethoprim (Bactrim DS, SMX-TMP)

8:12.24 Tetracyclines

Doxycycline (Vibramycin, Periostat)
Tetracycline (Sumycin)

8:12.28 Miscellaneous Antibacterials

Clindamycin (Cleocin)
Vancomycin (Vancocin)

8:14 Antifungals

Amphotericin B (Fungizone)
Clotrimazole (Mycelex)
Fluconazole (Diflucan)
Ketoconazole (Nizoral)
Nystatin (Mycostatin)
Terbinafine (Lamisil)

Continued on next page

C – AHFS Pharmacological-Therapeutic Drug Classification, Continued

800 Anti- infective Agents (continued)

8:16 Antituberculosis Agents

Ethambutol (Myambutol)
Isoniazid (INH)
Pyrazinamide
Rifampin
See also: Ciprofloxacin 8:12
Streptomycin 8:12.02

8:16.92 Miscellaneous Antimycobacterials

Dapsone

8:18 Antivirals

8:18.04 Adamantanes

Amantadine (Symmetrel)

8:18.08.04 HIV Fusion Inhibitors

Enfuvirtide (Fuzeon)

8:18.08.08 Protease Inhibitors (PIs)

Atazanavir (Reyataz)
Fosamprenavir (Lexiva)
Indinavir (Crixivan)
Lopinavir/ Ritonavir (Kaletra)
Nelfinavir (Viracept)
Ritonavir (Norvir)
Saquinavir (Invirase)
Tipranavir (Aptivus)

8:18.08.16 Non Nucleoside Reverse Transcriptase Inhibitors (NNRTs)

Efavirenz (Sustiva)
Nevirapine (Viramune)

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C – AHFS Pharmacological-Therapeutic Drug Classification,

Continued

800 Anti-infective Agents (continued)

8:18.08.20 Nucleoside Reverse Transcriptase Inhibitors (NRTs)

Abacavir (Ziagen)
Abacavir / Lamivudine/ Zidovudine (Trizivir)
Didanosine (Videx)
Emtricitabine (Emtriva)
Emtricitabine/ Tenofovir (Truvada)
Lamivudine (Epivir)
Stavudine (Zerit)
Tenofovir (Viread)
Zidovudine (Retrovir)

8:18.20 Interferons

Interferon Alfa 2b (Intron A)
Peginterferon Alfa-2a (Pegasys)

8:18.32 Nucleosides and Nucleotides

Acyclovir (Zovirax)
Ribavirin (Copegus)

8:30.08 Antimalarial Agents

Hydroxychloroquine (Plaquenil)
Quinine sulfate
See also: Tetracyclines 8:12.24

8:30.92 Miscellaneous Antiprotozoals

Metronidazole (Flagyl)
See also: Sulfamethoxazole/ Trimethoprim (Bactrim DS, SMX-TMP) 18:12-20
Dapsone 19:16.92

8:36 Urinary Anti-infectives

Nitrofurantoin (Macrochantin)
Trimethoprim (with sulfamethoxazole)

Continued on next page

C – AHFS Pharmacological-Therapeutic Drug Classification, Continued

10:00

**Antineoplastic
Agents**

Fluorouracil (Efudex)
Hydroxyurea (Hydrea)
Methotrexate (Trexall)
Procarbazine (Matulane)
Tamoxifen (Nolvadex)
All recommended Antineoplastic agents could be used as
necessary. Generic products will be used if available.

12:00

**Autonomic
Drugs**

12:04 Parasympathomimetic (Cholinergic) Agents

Bethanechol (Urecholine)
Donepezil (Aricept)
Pyridostigmine (Mestinon)

12:08 Anticholinergic Agents

12:08.04 Antiparkinsonian Agents

Benztropine (Cogentin)
Trihexyphenidyl (Artane)

12:08.08 Antimuscarinics/ Antispasmodics

Dicyclomine (Bentyl)
Hyoscyamine (Levsin)
Ipratropium (Atrovent)

12:12 Sympathomimetic (Adrenergic) Agents

Albuterol (Proventil, Ventolin)
Epinephrine
Salmeterol (Serevent Diskus)
Terbutaline (Brethine)

12:16 Sympatholytic (Adrenergic Blocking) Agents

Ergotamine/ Caffeine (Cafergot)

See also: Atenolol 24:24

Metoprolol 24:24

Propranolol 24:24

12:20 Skeletal Muscle Relaxants

Baclofen (Lioresal)
Methocarbamol (Robaxin)
Cyclobenzaprine (Flexeril)

Continued on next page

C – AHFS Pharmacological-Therapeutic Drug Classification, Continued

16:00 Blood Derivatives

Albumin Human (Plasbumin)

20:00 Blood Formation and Coagulation

20:04.04 Iron Preparations

Iron Sucrose (Venofer)
Sodium Ferric Gluconate (Ferrlecit)
Ferrous Gluconate
Ferrous Sulfate

20:12.04 Anticoagulants

Enoxaparin (Lovenox)
Heparin
Warfarin (Coumadin)

20:12.08 Antiheparin Agents

Protamine Sulfate

20:12.16 Hemostatics

Antihemophilic Factor (Factor VIII)
Anti-inhibitor coagulant complex (Feiba)

20:16 Hematopoietic Agents

Darbepoetin (Aranesp)
Epoetin Alfa (Epogen)
Filgrastim (Neupogen)

20:24 Hemorrhheologic Agents

Pentoxifylline (Trental)

20:40 Thrombolytic Agents

Alteplase (Activase)

Continued on next page

C – AHFS Pharmacological-Therapeutic Drug Classification,

Continued

24:00
Cardiovascular
Drugs

24:04 Cardiac Drugs

24:04.04 Antiarrhythmic Agents

Amiodarone (Cordarone)

Propafenone (Rythmol)

24:04.08 Cardiotonic Agents

Digoxin (Lanoxin)

See also: Dobutamine 12:12

Dopamine 12:12

24:06 Antilipemic Agents

Simvastatin (Zocor)

Cholestyramine (Prevalite, Questran)

Gemfibrozil (Lopid)

Lovastatin (Mevacor)

Niacin

Pravastatin (Pravachol)

Vytorin (Ezetimibe/simvastatin) 10/80mg

24:08 Hypotensive Agents

24:08.16 Central Alpha Agonists

Clonidine (Catapres)

24:08.92 Miscellaneous Hypotensive Agents

See also: Alpha-adrenergic blocking agents 24:20

Beta-adrenergic blocking agents 24:24

Calcium-Channel blocking agents 24:28

Diuretics 40:28

Renin-angiotensin-aldosterone system inhibitors 24:32

24:12 Vasodilating Agents

Isosorbide Dinitrate (Isordil)

Isosorbide Mononitrate (Imdur)

Nitroglycerin

See also: Amlodipine 24:28

Diltiazem 24:28

Verapamil 24:28

Continued on next page

C – AHFS Pharmacological-Therapeutic Drug Classification,

Continued

24:00
Cardiovascular
Drugs
(continued)

24:20 Alpha-Adrenergic Blocking Agents

Doxazosin (Cardura)
Prazosin (Minipress)
Tamsulosin (Flomax)

24:24 Beta-Adrenergic Blocking Agents

Atenolol (Tenormin)
Carvedilol (Coreg)
Metoprolol (Lopressor)
Metoprolol XL (Toprol XL)
Propranolol (Inderal)
Propranolol LA (Inderal LA)

24:28 Calcium-Channel Blocking Agents

Amlodipine (Norvasc)
Diltiazem/ CD (Cardizem)
Verapamil/ XR (Calan)

24:32 Renin-Angiotensin-Aldosterone System Inhibitors

24:32.04 Angiotensin-Converting Enzyme Inhibitors

Captopril (Capoten)
Enalapril (Vasotec)
Lisinopril (Prinivil)

24:32.08 Angiotensin II Receptor Antagonists

Losartan (Cozaar)

24:32.20 Mineralocorticoid (Aldosterone) Receptor Antagonists

Spironolactone (Aldactone)

Continued on next page

C – AHFS Pharmacological-Therapeutic Drug Classification,

Continued

28:00 Central Nervous System Agents

28:04 Direct Vasodilators

Hydralazine

28:08.04 Nonsteroidal Anti-Inflammatory Agents

Etodolac (Lodine)

Flurbiprofen (Ansaid)

Ibuprofen (Motrin)

Indomethacin (Indocin)

Ketorolac (Toradol)

Naproxen (Anaprox)

Piroxicam (Feldene)

28:08.04.24 Salicylates

Aspirin

Choline magnesium Salicylate (Trilisate)

Salsalate (Disalcid)

28:08.08 Opiate Agonists

Codeine/ Acetaminophen (Tylenol with Codeine)

Fentanyl (Duragesic)

Hydromorphone (Dilaudid)

Methadone

Morphine (Duramorph, MS Contin)

Oxycodone (Roxicodone)

28:08.92 Miscellaneous Analgesics and Antipyretics

Dichloraphenazone/ isometheptene/ APAP (Midrin)

Caffeine/ isometheptene/ APAP (Migraten)

28:10 Opiate Antagonists

Naloxone (Narcan)

28:12 Anticonvulsants

28:12.04 Barbiturates

Phenobarbital (Luminol)

Continued on next page

C – AHFS Pharmacological-Therapeutic Drug Classification,

Continued

**28:00 Central
Nervous System
Agents**
(continued)

28:12.08 Benzodiazepines

Clonazepam (Klonopin)
See also: Diazepam 28:24.08
Lorazepam 28:24.08

28:12.12 Hydantoins

Phenytoin (Dilantin)

28:12.92 Miscellaneous Anticonvulsants

Carbamazepine (Tegretol)
Divalproex (Depakote)
Lamotrigine (Lamictal)
Oxcarbazepine (Trileptal)
Topiramate (Topamax)
Valproic acid (Depakene)

28:16 Psychotherapeutic Agents

28:16.04 Antidepressants

Amitriptyline (Elavil)
Citalopram (Celexa)
Clomipramine (Anafranil)
Desipramine (Norpramin)
Doxepin (Sinequan)
Fluoxetine (Prozac)
Fluvoxamine (Luvox)
Imipramine (Tofranil)
Mirtazapine (Remeron)
Nortriptyline (Pamelor)
Paroxetine (Paxil)
Sertraline (Zoloft)
Trazodone (Desyrel)
Venlafaxine (Effexor)

28:16.04.12 Monoamine Oxidase Inhibitors

Tranlycypromine (Parnate)

28:16.08 Tranquilizers

Trifluoperazine (Stelazine)

28:16.08.04 Atypical Antipsychotics

Aripiprazole (Abilify)
Clozapine (Clozaril)
Olanzapine (Zyprexa)
Risperidone (Risperdal)

Ziprasidone (Geodon)

28:16.08.08 Butyrophenones

Haloperidol (Haldol)

28:16.08.24 Phenothiazines

Chlorpromazine (Thorazine)

Fluphenazine (Prolixin)

Perphenazine (Trilafon)

Prochlorperazine (Compazine)

28:16.08.32 Thioxanthenes

Thiothixene (Navane)

28:16.08.92 Miscellaneous Antipsychotics

Loxapine (Loxitane)

28:24 Anxiolytics, Sedatives, and Hypnotics

28:24.04 Barbiturates

Phenobarbital (Luminol)

28:24.08 Benzodiazepines

Chlordiazepoxide (Librium)

Diazepam (Valium)

Lorazepam (Ativan)

Midazolam (Versed)

Temazepam (Restoril)

See also: Clonazepam 28:12.08

28:24.92 Miscellaneous Anxiolytics, Sedatives, and Hypnotics

Buspirone (Buspar)

Hydroxyzine (Vistaril)

Promethazine (Phenergan)

See also: Diphenhydramine 4:04

28:28 Antimanic Agents

Lithium Salts

28:92 Miscellaneous Central Nervous System Agents

Entacapone (Comtan)

Levodopa/ Carbidopa (Sinemet)

Pramipexole (Mirapex)

Sumatriptan (Imitrex)

36:00
Diagnostic
Agents

36:84 Tuberculosis
Tuberculin, PPD (Tubersol)

40:00
**Electrolytic,
Caloric, and
Water Balance**

40:08 Alkalinizing Agents
Sodium citrate/citric acid (Bicitra)

40:10 Ammonia Detoxicants
Lactulose (Cephulac)

40:12 Replacement Preparations
Dextran (Gentran)
Electrolyte Solutions
Potassium Supplements
Sodium chloride

40:18 Ion-removing Agents
Sodium Polystyrene Sulfonate (Kayexalate)
Sevelamer (Renagel)

40:20 Caloric Agents
Dextrose

40:28 Diuretics
Hydrochlorothiazide (HydroDiuril)
Furosemide (Lasix)
Metolazone (Zaroxolyn)
See also: Acetazolamide 52:10

40:28.10 Potassium Sparing Diuretics
Hydrochlorothiazide/ Triamterene (Maxzide)
Spironolactone (Aldactone)

40:36 Irrigating Solutions
Acetic Acid
Peritoneal Dialysis Solutions
Lactated Ringer's
Sodium Chloride
Water, Sterile

40:40 Uricosuric Agents
Probenecid (Benemid)

Continued on next page

C – AHFS Pharmacological-Therapeutic Drug Classification, Continued

44:00 Enzymes

See also: Alteplase 20:40
Pancrelipase 56:16

48:00 Antitussives, Expectorants, and Mucolytic Agents

48:08 Antitussives

Benzonatate (Tessalon)

48:16 Expectorants

See also: Potassium Iodide 68:36

48:24 Mucolytic Agents

Acetylcysteine (Mucomyst)

52:00 Eye, Ear, Nose, and Throat (EENT) Preparations

52:04 Anti-Infectives

52:04.04 Antibacterials

Neomycin/ Polymyxin B/ hydrocortisone (Cortisporin Otic)

Neomycin/ Polymyxin B/ dexamethasone (Maxitrol Ophthalmic)

Ciprofloxacin (Ciloxin)

Erythromycin

Ofloxacin (Ocuflox)

Tobramycin (Tobrex)

52:04.08 EENT Sulfonamides

Sulfacetamide (Sulamyd)

52:04.92 Miscellaneous Anti-infectives

Acetic Acid (Domeboro)

Carbamide Peroxide (Debrox)

Chlorhexidine (Peridex)

Silver Nitrate

Continued on next page

C – AHFS Pharmacological-Therapeutic Drug Classification, Continued

**52:00 Eye, Ear,
Nose, and
Throat (EENT)
Preparations
(continued)**

52:08 Anti-Inflammatory Agents

Beclomethasone (QVAR) oral inhalation first line nasal inhalation
Non-Formulary
Budesonide (Pulmicort Nebs)
Flunisolide (Aerobid-M, Nasarel) for nasal inhalation and oral
inhalation
Fluticasone (Flovent, Flonase)
Prednisolone (Pred Mild, Pred Forte)
Triamcinolone (Azmecort, Nasacort, Kenalog, Aristospan,
Kenalog in Orabase)
-If patients need salmeterol added to steroid to control asthma, use
Fluticasone/ salmeterol (Advair HFA)

52:10 Carbonic Anhydrase Inhibitors

Acetazolamide (Diamox)
Dorzolamide (Trusopt)

52:16 Local Anesthetics

Proparacaine (Parcaine)

52:20 Miotics

Pilocarpine (Isopto-Carpine)

52:24 Mydriatics

Atropine
Cyclopentolate (Cyclogyl)
Homatropine
Tropicamide

52:32 Vasoconstrictors

Naphazoline (Clear-Eyes)- OTC
Naphazoline/ Pheniramine (Visine A)- OTC

52:36 Miscellaneous EENT Drugs

Betaxolol (Betoptic)
Brimonidine (Alphagan P)
Latanoprost (Xalatan)
Lubricant, Ocular (Lacrilube)- OTC
Sodium chloride nasal spray- OTC
Tears Artificial- OTC
Timolol (Timoptic)

See also: Cromolyn Sodium 92:00

Continued on next page

C – AHFS Pharmacological-Therapeutic Drug Classification,

Continued

56:00 Gastrointestinal Drugs

56:04 Antacids and Adsorbents

Aluminum hydroxide (Alu-Tab Alu-Cap or Amphojel)
Aluminum hydroxide/ Magnesium hydroxide (Maalox)
Aluminum/ Magnesium trisilicate/ Algenic acid (Gaviscon)
Charcoal, Activated
Magnesium Hydroxide (Milk of Magnesia)

56:08 Antidiarrhea Agents

Bismuth Subsalicylate (Pepto-Bismol)
Loperamide (Imodium)

56:10 Antiflatulents

Simethicone (Mylicon)

56:12 Cathartics and Laxatives

Bisacodyl (Dulcolax)
Calcium Polycarbophil (Fibercon)
Docusate Sodium (Colace)
Fiber tablets or Powder (Metamucil)
Magnesium Citrate
Mineral Oil
Polyethylene glycol/electrolyte solution (Golytely)
Senna (X-Prep)
Sodium phosphate rectal enema (Fleets)

56:16 Digestants

Pancrelipase (Pancrease)

56:20 Emetics

Ipecac

56:22 Antiemetics

Ondansetron (Zofran)
Meclizine (Antivert)
Prochlorperazine (Compazine)
Trimethobenzamide (Tigan)
See also: Antihistamines 4:00
Phenothiazines 28:16.08
Promethazine 28:24.92

Continued on next page

C – AHFS Pharmacological-Therapeutic Drug Classification, Continued

56:00
Gastrointestinal Drugs
(continued)

56:28 Antiulcer Agents and Acid Suppressants

56:28.12 Histamine H₂- Antagonists

Ranitidine (Zantac)

56:28.32 Protectants

Sucralfate (Carafate)

56:28.36 Proton Pump Inhibitors

Omeprazole

56:32 Prokinetic Agents

Metoclopramide (Reglan)

56:36 Anti-inflammatory Agents

Mesalamine (Rowasa, Asacol)

See also: Sulfasalazine 8:12.20

56:92 Miscellaneous GI drugs

Olsalazine (Dipentum)

60:00 Gold Compounds

Auranofin (Ridaura®)

68:00
Hormones and Synthetic Substitutes

Dexamethasone (Decadron)

Methylprednisolone (Medrol and Solu-Medrol)

Prednisone (Deltasone)

Triamcinolone (Kenalog, Aristocort, Aristospan, Azmacort)

68:08 Androgens

Testosterone (Depo-Testosterone)

68:12 Contraceptives

Norgestimate/ Ethinyl Estradiol (Ortho-Tri-Cyclen)

Norethindrone/ Ethinyl Estradiol (Ortho-Novum 1/35, 7/7/7)

68:20 Anti-diabetic Agents

68:20.04 Biguanides

Metformin (Glucophage)

Continued on next page

C – AHFS Pharmacological-Therapeutic Drug Classification, Continued

68:00

**Hormones and
Synthetic
Substitutes**
(continued)

68:20.08 Insulins

Insulin Aspart (NovoLog)
Insulin Glargine (Lantus)
Insulin, Lente Human
Insulin, NPH Human
Insulin, Regular Human

68:20.20 Sulfonylureas

Glipizide (Glucotrol)
Glyburide (Micronase)

68:20.28 Thiazolidinediones

Pioglitazone (Actos)

68:20.92 Miscellaneous Anti-diabetic Agents

Glucagon (GlucaGen)

68:28 Pituitary

Desmopressin (DDAVP)

68:32 Progestins

Medroxyprogesterone

68:36 Thyroids and Anti-thyroid Agents

68:36.04 Thyroid Agents

Levothyroxine (Levothroid, Synthroid)

68:36.08 Anti-thyroid Agents

Methimazole (Tapazole)

Propylthiouracil

**72:00 Local
Anesthetics**

Lidocaine (Xylocaine)

Bupivacaine (Marcaine)

See also: Anti-pruritics and Local Anesthetics 84:08

Local Anesthetics 52:16

Continued on next page

C – AHFS Pharmacological-Therapeutic Drug Classification,

Continued

80:00 Serums, Toxoids, and Vaccines

80:04 Serums

Hepatitis B Immune Globulin (HBIG)
Immune Globulin, Human
Rho D Immune Globulin (RhoGAM) at WCCW only
Tetanus Immune Globulin

80:08 Toxoids

Tetanus and Diphtheria Toxoids Adsorbed

80:12 Vaccines

Hepatitis A Vaccine Inactivated (Havirix, Twinrix)
Hepatitis B Vaccine, Recombinant (Engerix, Recombivax, Twinrix)
Influenza Virus Vaccine
Measles, Mumps, Rubella Vaccine (MMR-II)
Mumps Virus Vaccine Live
Pneumococcal Vaccine, Polyvalent

84:00 Skin and Mucous Membrane Agents

84:04 Anti-infectives

84:04.04 Antibacterials

Bacitracin/ Polymyxin B/Neomycin (Neosporin)
Gentamicin
Metronidazole (Flagyl, MetroGel Vaginal)
Mupirocin (Bactroban) nasal product not approved

84:04.08 Antifungals

Clotrimazole (Lotrimin, Mycelex)
Ketoconazole (Nizoral)
Miconazole (Monistat)
Nystatin (Mycostatin)
Tolnaftate (Tinactin)

84:04.12 Scabicides and Pediculides

Crotamiton (Eurax)
Malathion (Ovide)
Permethrin (Nix)

Continued on next page

C – AHFS Pharmacological-Therapeutic Drug Classification,

Continued

86:00 Smooth Muscle Relaxants

86:12 Genitourinary Smooth Muscle Relaxants

Oxybutynin (Ditropan)

86:16 Respiratory Smooth Muscle Relaxants

See also: Anticholinergic Agents 12:08

Sympathomimetic Agents 12:12

Vasodilating Agents 24:12

88:00 Vitamins

Cyanocobalamin (Vitamin B-12)

Folic Acid

Niacin

Pyridoxine (Vitamin B-6)

Thiamine (Vitamin B-1)

Vitamin B Complex (Nephrovite or Nephrocap)

88:16 Vitamin D

Calcitriol (Rocaltrol, Calcijex)

Paricalcitol (Zemplar)

88:24 Vitamin K Activity

Phytonadione

92:00 Miscellaneous Therapeutic Agents

Alendronate (Fosamax)

Allopurinol (Zyloprim)

Azathioprine (Imuran)

Calcipotriene (Dovonex)

Calcium acetate (Phos-ex, PhosLo)

Clopidogrel (Plavix)

Colchicine

Cromolyn Sodium (Intal)

Finasteride (Proscar)

Flumazenil (Romazicon)

Fluoride, Topical (PreviDent)

Levodopa/ Carbidopa (Sinemet)

Montelukast (Singulair)

96:00 Pharmaceutical Aids

Alcohol, Isopropyl

D – Possible Alternatives to Non-Formulary Medications

The following table contains a list of some Non-Formulary medications with examples of selected alternatives that are on the DOC Formulary Drug list.

Table

Non-Formulary	Possible Formulary Alternative(s)
Accolate®	montelukast
Accupril®	enalapril, lisinopril, benazepril
Accuretic®	enalapril + HCTZ, lisinopril + HCTZ, benazepril + HCTZ
Aceon®	enalapril, lisinopril, benazepril
Aciphex®	omeprazole
Acular®	Prednisolone acetate
Alrex®	Prednisolone acetate
Altoprev®	simvastatin, pravastatin, ezetimibe/simvastatin
Amaryl®	glyburide, glipizide immediate release tablets
Ascencia®	Accu-chek®, OneTouch®
Atacand®	losartan
Atacand HCT®	losartan + HCTZ
Avapro®	Losartan
Avinza®	morphine sulfate ER
Azelex®	Acne preparations are not approved in the formulary
Anzemet®	meclizine, prochlorperazine, trimethobenzamide, ondansetron
Beconase AQ®	flunisolide
Benicar®	Losartan
Benicar HCT®	losartan + HCTZ
Betimol®	betaxolol, timolol
Bextra®	etodolac, indomethacin, ketorolac,
Cardene® SR	diltiazem, verapamil, amlodipine
Non-Formulary	Possible Formulary Alternative(s)

Cardizem® LA	diltiazem
Ceclor® CD	cefexitin, cefuroxime or other approved antibiotic class based on sensitivity
Cedax®	ceftazidime, ceftriaxone or other approved antibiotic class based on sensitivity
Celebrex®	etodolac, indomethacin, ketorolac,
Cipro® XR	ciprofloxacin or other approved abx class based on sensitivity
Colazal®	mesalamine
Combivir	Zidovudine and Lamivudine
Covera® HS	verapamil
Crestor®	simvastatin, pravastatin, ezetimibe/simvastatin
Depakote® ER	divalproex DR
Differin®	Acne preparations are not approved in the formulary
Detrol® LA	oxybutynin
Ditropan® XL	oxybutynin
Diovan®	losartan
Dynabac®	erythromycin, azithromycin
Dynacirc® CR	amlodipine
Famvir®	acyclovir
FML® Forte	prednisolone
Focalin®	no approved CNS stimulant in the formulary
Frova®	APAP/ASA/Caffeine
GoLyte PEG	generic electrolyte solution
Helidac®	bismuth salicylate + metronidazole + tetracycline
Hyzaar®	losartan + HCTZ
Klaron®	Acne preparations are not approved in the formulary
Kristalose®	Lactulose (restricted)
Kytril®	trimethobenzamide, meclizine, prochlorperazine, ondansetron
Non-Formulary	Possible Formulary Alternative(s)
Flescol® XL	simvastatin, pravastatin, ezetimibe/simvastatin

Lexapro®	citalopram
Lexxel®	enalapril + amlodipine
Lipitor®	simvastatin, pravastatin, ezetimibe/simvastatin
Lorabid®	cefuroxime, cefoxitin
Lumigan®	latanoprost
Maxalt® MLT	APAP/ASA/Caffeine
Mavik®	captopril, enalapril, lisinopril
Maxaquin®	ciprofloxacin
Maxidone®	use opioid analgesic + APAP separately if needed
Metrolotion®	Acne preparations are not approved in the formulary
Miacalcin®	alendronate
Micardis®	losartan
Micardis HCT	losartan + HCTZ
Mobic®	etodolac, indomethacin, ketorolac,
Monopril®	enalapril, lisinopril, benazepril
Monopril® HCT	enalapril+hctz, lisinopril+hctz, benazepril+hctz
Nasarel®	flunisolide,
Nexium®	omeprazole
Noritate®	Acne preparations are not approved in the formulary
Noroxin®	ciprofloxacin
Nulev®	hyoscyamine sulfate
Nulytely®	generic electrolyte solution
Omnicef®	ceftazidime, ceftriaxone or use another antibiotic class based on sensitivity
Orapred®	prednisone, methylprednisolone
OxyIR®	oxycodone
Non-Formulary	Possible Formulary Alternative(s)
PCE®	erythromycin, azithromycin
Pediapred®	prednisone, methylprednisolone
Penetrex®	ciprofloxacin

Phenytek®	phenytoin
Plendil®	amlodipine, diltiazem, verapamil
Prandin®	(no approved meglitinides in formulary) glipizide, glyburide, metformin
Pravigard®	simvastatin + ASA, pravastatin + ASA, ezetimibe/simvastatin + ASA
Premarin®	Estradiol (restricted)
Prevacid®	omeprazole
Prilosec® Rx	omeprazole
Protopic®	use corticosteroid/anti-inflammatory topical agents
Proventil HFA	albuterol inhaler (Ventolin® HFA)
Prozac® 90mg	fluoxetine (daily), citalopram, paroxetine, sertraline
Pulmicort®	beclomethasone (MDI)
Quinapril®	enalapril, lisinopril, benazepril
Quixin®	ofloxacin, ciprofloxacin
Relenza®	Amantadine
Relpax®	APAP/ASA/Caffeine
Rescula®	Latanoprost
Risedronate	Alendronate
Retin-A®	Acne preparations are not approved in the formulary
Rhinocort® Aqua	Flunisolide
Ritalin® LA	no approved CNS stimulants in the formulary
Serzone®	venlafaxine, mirtazapine, trazodone
Skelid®	Alendronate
Spectracef®	ceftazidime, ceftriaxone
Non-Formulary	Possible Formulary Alternative(s)
Starlix®	(no approved meglitinides in formulary) glipizide, glyburide, metformin
Sular®	amlodipine, diltiazem, verapamil
Suprax®	ceftazidime, ceftriaxone

Tarka®	verapamil + enalapril
Teveten®	losartan
Teveten® HCT	losartan + HCTZ
Tri-Norinyl®	generic hormonal contraceptives
Triptans (5HT-1)	Sumatriptan
Uniretic®	enalapril + HCTZ
Vantin®	ceftazidime, ceftriaxone
Vexol®	prednisolone
Vioxx®	etodolac, indomethacin, ketorolac,
Zagam®	ciprofloxacin

E – Approved Medications for Therapeutic Interchange

Description

Therapeutic Interchange (TI) involves the dispensing of chemically different drugs that are considered to be therapeutically equivalent. Therapeutically equivalent drugs are chemically dissimilar but produce essentially the same therapeutic outcome and have similar toxicity profiles. Usually these drugs are within the same pharmacologic class. They frequently differ in chemistry, mechanism of action, pharmacokinetic properties, and may possess different adverse and drug interaction profiles.

Under the DOC P&T Formulary (page 10), pharmacists are granted authority to therapeutically substitute medications. This document outlines the specific medications and strengths approved for Interchange.

If no changes in dosage form with inhalers that contain Chlorofluorocarbon (CFC) , pharmacy will automatically dispense alternative propellant, hydroflouroalkane (HFA), when available, without a Therapeutic Interchange.

All therapeutic equivalent doses are averages and may need to be followed-up for additional dose adjustment. Formulary references (I is Formulary, II is Restricted Formulary, or III is Non-Formulary) are indicated after each medication.

Cardiovascular Drugs

The following table shows cardiovascular drugs.

Angiotensin Converting Enzyme (ACE) Inhibitors					
<i>All doses are in total-daily oral dose unless otherwise stated</i>					
Agent	Low	Med	High	Max Daily Dose	
Benazepril (I)	5mg	10mg	20mg	40mg	80mg
Captopril (I)	6.25mg TID	12.5mg TID	25- 37.5m gTID	50mg TID	100- 150mg TID
Enalapril (I)	5mg	10mg	20mg	20mg BID	
Fosinopril (III)	5mg	10mg	20mg	40mg	80mg
Lisinopril (I)	5mg	10mg	20mg	40mg	40mg BID
Moexipril (III)	3.75mg	7.5mg	15mg	30mg	60mg
Perindopril (III)	2mg	4mg	6mg	8mg	16mg
Quinapril (III)	5mg	10mg	20mg	40mg	
Ramipril (III)	1.25mg	2.5mg	5mg	10mg	
Trandolapril (III)	0.5mg	1mg	2mg	4mg	

Angiotensin Receptor Blockers					
<i>All doses are in total-daily oral dose unless otherwise stated</i>					
Agent	Low	Med	High	Max Daily Dose	
Candesartan (III)	4mg	8mg	16mg	32mg	32mg
Losartan (II)	25mg	25mg	25mg	50mg	100mg
Alpha-1 Blockers					
<i>All doses are in total-daily oral dose unless otherwise stated</i>					
Agent	Low	Med	High	Max Daily Dose	
Doxazosin (I)	1mg	2mg	4mg	8mg	
Prazosin (I)	1mg/2/5				
Tamsulosin (II)	0.4mg			0.8mg	
Terazosin (III)	1mg	2mg	5mg	10mg	
Calcium Channel Blockers (dihydropyridine)					
<i>All doses are in total-daily oral dose unless otherwise stated</i>					
Agent	Low	Med	High	Max Daily Dose	
Amlodipine (I)	2.5mg	5mg	10mg	10mg	
Felodipine ER (III)	2.5mg	5mg	10mg	20mg	
Isradipine CR (III)	5mg	10mg	20mg	20mg	
Nicardipine SR (III)	30mg BID		60mg BID		
Nifedipine XL (II)	30mg	60mg	90mg	120mg	
Nisoldipine (III)	20mg	30mg	40mg	60mg	
Calcium Channel Blockers (non-dihydropyridine)					
<i>All doses are in total-daily oral dose unless otherwise stated</i>					
Agent	Low	Med	High	Max Daily Dose	
Diltiazem ER (I)	180mg	240mg	360mg	540mg	
Verapamil SR (I)	180mg	240mg	360mg	540mg	

Continued on next page

E – Approved Medications for Therapeutic Interchange, Continued

Cardiovascular Drugs (continued)

Fluticasone/Salmeterol (Inhaled Corticosteroid/LABA)			
Diskus (1 inhalation twice daily)	100/50mcg	250/50mcg	500/50mcg
HFA (2 inhalations twice daily)	45/21mcg	115/21mcg	230/21mcg

Inhaled Nasal Corticosteroids		
	Dose equivalencies	Dose equivalencies
Flunisolide (I) nasal spray (25mcg/spray)	2 sprays/nostril BID	2 sprays/nostril TID
Triamcinolone (III) nasal spray (55mcg/spray)	2 sprays/nostril QD	
Fluticasone propionate (III) nasal spray (50mcg/spray)	2 sprays/nostril QD	2 sprays/nostril BID
Beclomethasone (III) nasal spray (42mcg/spray)	1 spray/nostril BID	2 spray/nostril BID

HMG CoA Reductase Inhibitors (Statins)						
<i>All doses are in total-daily oral dose unless otherwise stated</i>						
Agent	%LDL Reduction					
	20-30%	30-40%	40-45%	46-50%	50-55%	56-60%
Atorvastatin (III)		10mg	20mg	40mg	80mg	
Lovastatin (III)	20mg	40mg	80mg			
Simvastatin (I)	10mg	20mg	40mg	80mg		
Pravastatin (II)	20mg	40-80mg				
Rosuvastatin (III)			5mg	10mg	20mg	40mg
Ezetimibe/Simba- statin (II)					10/80mg	
Atorvastatin (III)		10mg	20mg	40mg	80mg	
Lovastatin (III)	20mg	40mg	80mg			
Simvastatin (I)	10mg	20mg	40mg	80mg		

Continued on next page

E – Approved Medications for Therapeutic Interchange,

Continued

Diabetic Drugs The following table shows Diabetic Drugs.

Sulfonureas <i>All doses are in total-daily oral dose unless otherwise stated</i>				
Chlorpropamide (III)	125mg	250mg	500mg	750mg
Glipizide (I)	5mg daily	5mg BID or 10mg daily	10mg BID	20mg BID
Glyburide (I)	2.5mg	2.5mg BID or 5mg daily	5mg BID or 10mg daily	10mg BID or 20mg daily
Glyburide Micronized (III)	1.25mg	3mg	3mg BID or 6mg daily	6mg BID or 12mg daily
Nateglinide (III)	60mg ac TID	60mg ac TID	120mg ac TID	120mg ac TID
Repaglinide (III)	0.5mg ac TID-QID	1-2mg ac TID-QID	3mg ac TID-QID	4mg ac TID-QID
Tolbutamide (III)	500mg	1000mg	2000mg	3000mg
Tolazamide (III)	100mg	250mg	500mg	750-1000mg div BID
Chlorpropamide (III)	125mg	250mg	500mg	750mg

Continued on next page

E – Approved Medications for Therapeutic Interchange,

Continued

Pain Medication

The tables below shows Pain Medication:

Long-acting Opioids			
<i>All doses are in total-daily oral dose unless otherwise stated</i>			
<i>Add the link (from the opioid mgmt protocol) for conversion table</i>			
Oxycontin (III)	Morphine ER (I)	Methadone (I)	Fentanyl Patch (II) (mcg/72 hour patch)
20	30	10	25mcg
40	60	20	50mcg
80	120	20-25	75mcg
100	150		100mcg
120	180	25-30	125mcg
160	240	30-35	150mcg
200	300	30-35	
240	360	35	
280	420	40	
320	480	45	

Muscle Relaxants			
<i>All doses are in total-daily oral dose unless otherwise stated</i>			
Agent	Low or Initial Dose	Moderate Dose	Max Daily Dose
Carisoprodol (III)	350mg TID	350mg QID	350mg QID
Chlorzoxazone (III)	250mg TID-QID	500mg TID-QID	750mg TID-QID
Cyclobenzaprine (II)	5mg TID	10mg TID	20mg TID (60mg/day)
Methocarbamol (II)	750mg QID	1,000mg QID or 1,500mg TID	1,500 QID (Max dose = 8gm/day)
Metaxalone (III)	800mg TID	800mg QID	800mg QID
Orphenadrine (III)	50mg BID	100mg BID	100mg BID

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Pain Medication (continued)

Non-Steroidal Anti-Inflammatory (NSAIDs) <i>All doses are in total-daily oral dose unless otherwise stated</i>			
Agent	Low Dose	Med Dose	High or Max Dose
Choline Mag Trisalicylate (III)	500mg TID	750mg TID	1,000mg TID
Diclofenac (III) (sodium and potassium)	100mg	150mg	225mg in rheumatoid arthritis 150mg in osteoarthritis
Celecoxib (III)	200mg	200mg BID	200mg BID
Diflunisal (III)	250mg BID	500mg BID	750mg BID
Etodolac IR (II)	200mg TID	400mg BID	1200mg
Etodolac SR (III)	400mg	500mg - 600mg	1200mg
Fenoprofen (III)	200-300mg QID	600mg TID-QID	800mg QID
Flubriprofen (II)	50mg BID	50mg TID-QID	100mg TID
Ibuprofen (II)	400mg TID	600mg TID-QID	800mg QID
Indomethacin (II)	25mg TID	50mg TID	200mg
Ketorolac (III)	10mg BID	10mg TID	10mg QID
Ketoprofen IR (III)	25-50mg TID	75mg TID	300mg
Ketoprofen SR (III)	100mg	150mg	200mg
Meclofenamate (III) sodium	50mg TID	100mg TID	100mg QID
Meloxicam (III)	7.5mg	7.5mg	15mg
Nabumetone (III)	1,000mg	1,000mg BID	2,000mg
Naproxen (II)	250mg TID	500mg BID	1250mg
Naproxen sodium (II)	275mg TID	550mg BID	1375mg
Oxaprozin (III)	600mg	1200mg	1200mg
Piroxicam (III)	10mg	20mg	40mg (not for rheumatoid or osteoarthritis)
Salsalate (I)	500-750mg BID	750mg TID	1,000mg TID
Sulindac (III)	150mg BID	200mg BID	200mg BID
Tolmetin (III)	200mg TID	400mg TID	600mg TID
Valdecoxib (III)	10mg	10mg	20mg BID

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Other Medications

The tables below show other medications:

Serotonin-Receptor Agonists			
<i>All doses are in total-daily oral dose unless otherwise stated</i>			
Agent	Low Single Dose	Max Single Dose	Max Daily Dose
Almotriptan (III)	6.25mg	12.5mg	25mg
Eletriptan (III)	20mg	40mg	80mg
Frovatriptan (III)	2.5mg	5mg	7.5mg
Naratriptan (III)	1mg	2.5mg	5mg
Rizatriptan (III)	5mg	10mg	30mg
Sumatriptan (I)	25-50mg	100mg	200mg
Zolmitriptan (III)	1.25-2.5mg	5mg	10mg

Urinary Antispasmodics			
<i>All doses are in total-daily oral dose unless otherwise stated</i>			
Agent	Low or Initial Dose	Moderate Dose	Max Daily Dose
Flavoxate (III)	100mg TID	200mg TID	200mg QID (800mg/day)
Oxybutynin (I)	2.5mg TID or 5mg BID	5mg TID-QID	5mg QID (20mg/day)
Oxybutynin ER (III)	10mg	15-20mg	30mg
Tolterodine (III)	1mg BID	2mg BID	4mg
Tolterodine ER (III)	2mg	4mg	4mg

Proton-Pump Inhibitors (PPI's)				
<i>All doses are in total-daily oral dose unless otherwise stated</i>				
Esomeprazole (III)	20mg	20mg	40mg	80mg
Lansoprazole (III)	15mg	30mg	30mg BID	60mg BID
Omeprazole (II)	10mg	20mg	20mg BID or 40mg QD	40mg BID
Pantoprazole (III)	20mg	40mg	40mg BID	80mg BID
Rabeprazole (III)	20mg	20mg	20mg BID	40mg BID

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Other Medications (continued)

Estrogens <i>All doses are in total-daily oral dose unless otherwise stated</i>				
Conjugated Estrogen (III)	0.3mg	0.6mg	0.9mg	1.25mg
Estradiol (II)	0.5mg	1mg	1.5mg	2mg

Anti-Convulsants <i>Doses may need to be adjusted by an additional 8-20%. Liver enzymes should be monitored closely</i>				
Divalproex DR (I)	250mg	500mg	1000mg	1500mg
Divalproex ER (III)	250mg	500mg	1000mg	1500mg

Miscellaneous Analgesics and Antipyretics <i>All doses are in total-daily oral dose unless otherwise stated</i>	
Isometheptene/Acetaminophen/Dichlorophenazone (III) <i>Midrin, Schedule 4</i>	65mg/325mg/100mg
Isometheptene/Acetaminophen/Caffeine (I) <i>Migraten</i>	65mg/325mg/100mg

Serotonin-Norepinephrine Reuptake Inhibitor <i>All doses are in total-daily oral dose unless otherwise stated</i>				
Venlafaxine XR & ER (III)	225mg	150mg	75mg	37.5mg
Venlafaxine IR (I)	225mg	150mg	75mg	37.5mg

References

1. WSPA (Washington State Pharmacy Association)– Washington Rx Therapeutic Interchange Program (taken from Washington Rx Clinical Pearls Sheet).
2. Highline Hospital – approved P&T therapeutic Interchange list
3. Franciscan Healthcare – approved P&T therapeutic interchange list
4. Clinical Pharmacology - <http://cpip.gsm.com/>
5. LexiComp Drug information Handbook

F - Links

Links

Protocols and Guidelines:

<http://www.nhlbi.nih.gov/guidelines/index.htm>

<http://www.ahrq.gov/clinic/epcix.htm>

http://www.hivandhepatitis.com/hep_c/hepc_news.html

DOC Forms:

<http://doc-wb3/usercontents/Forms/Default.htm>

Drug information:

<http://cpip.gsm.com/>

Washington State P&T Committee and formulary:

<http://www.rx.wa.gov/>

http://www.oregon.gov/DAS/OHPPR/ORRX/HRC/evidence_based_reports.shtml

ISMP:

<http://www.ismp.org>

Department of Health / Board of Pharmacy

<https://fortress.wa.gov/doh/hpqa1/HPS4/Pharmacy/default.htm>

Lab quest:

https://cas2.questdiagnostics.com/ssl/webfusion.wls?MGWLPN=TBCWP65&trgt=wldRunApp&wlapp=EREQ_SSL
